

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Oncology

ESPS Manuscript NO: 5089

Title: Pathology handling of pancreatoduodenectomy specimens: controversies and approaches

Reviewer code: 00057719

Science editor: Qi, Yuan

Date sent for review: 2013-08-15 11:06

Date reviewed: 2013-08-24 18:27

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input checked="" type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

the authors review the current practices in the workup up pancreatoduodenectomy specimens and present their own protocol. the english language needs major corrections.

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Oncology

ESPS Manuscript NO: 5089

Title: Pathology handling of pancreatoduodenectomy specimens: controversies and approaches

Reviewer code: 02517987

Science editor: Qi, Yuan

Date sent for review: 2013-08-15 11:06

Date reviewed: 2013-08-26 21:45

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

In this review article authors have discussed about the need to develop improved protocols to evaluate pancreatic specimens and their surgical margins that will be advantageous for prolong survival of pancreatic cancer patients. Currently, there is no general agreement on basic issues such as surgical margins or definition of incomplete excision of PDAC in spite of the availability of several guidelines for pathology handling of specimens. Authors have reviewed the problems and controversies that dealing with handling of specimens and resection margins. Authors have presented the protocol for pathology handling of duodenopancreatectomy specimens. Overall, the review is informative and suitable for publication. However, there are some minor concerns which need to be addressed: 1. The data given in first paragraph of introduction from references 1 and 3 should be modified as more recent statistical reports are available now. 2. Please give full name for abbreviations used in the beginning (ACP and ADP specimens under the heading "pathology management.....pancreatic tumors"). 3. References number 7 has not been cited anywhere in the manuscript. 4. There are several grammatical and typological errors please correct (ex. spelling of "Figura" as "Figure" under figure legends 1, 2 and 3). 5. In figure legend 2, please correct "0,5" to "0.5" and in figure legend 3, give space between 1mm as 1 mm. Also provide space between 5-10mm under heading "differences in dissection protocols" and other places to make the text uniform throughout the manuscript. 6. Please improve figure quality as scale and labeling are not visible. 7. Extend your discussion to R0 status also under the heading "Margin Involvement" to differentiate and for better understanding of R0 and R1. 8. The discrepancies and controversies in the techniques of tissue sampling may also exist. Please considered when developing a new protocol.

ESPS Peer-review Report

Name of Journal: World Journal of Gastrointestinal Oncology

ESPS Manuscript NO: 5089

Title: Pathology handling of pancreatoduodenectomy specimens: controversies and approaches

Reviewer code: 02462251

Science editor: Qi, Yuan

Date sent for review: 2013-08-15 11:06

Date reviewed: 2013-09-09 09:51

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

Manuscript does not add to the difficulties of handling of pancreaticoduodenectomy except more confusion and controversy, and the case has semantic nature most of the time. By thorough analysis, it is clear that manuscript is highlighting the differences between authors and protocols as if pathologists are floundering through manners of handling which is not true regarding the nature of science and medical practice. Author explained the different ways of nomenclature of relevant margins and pointed out the need for standardization of nomenclature of the highly significant margin, pancreatic circumferential or radial margin. It is obvious it is not controversy but different ways of reading the same fact. Being the structure having many names may cause confusion to group of people but will not be opposing evidence. Differences in dissection protocols will not cause a problem if it is widely agreed about the prognostic factor that should be assessed. In the light of relative lack of independent prognostic factors for pancreatic carcinoma, it will be unacceptable to describe a protocol with shortage. None of the international protocols mentioned that it is not recommended to ink and submit the retroperitoneal and medial margins which are proved to be the most critical ones. The most important two topics that are hit, margin involvement and lymph node metastasis. There is a lack of consensus on margins in the term of final diagnosis but mentioning data like invasion of vascular, lymphatic, or perineural, in addition to least surgical margin in the microscopic description, is a usual practice. Writing the final diagnosis as involved margin or not is a matter of time depending on new large-scale approved data. I think the best example for this is the circumferential margin of rectal carcinoma. Furthermore, in view of the extremely poor prognosis of pancreatic cancer, clinicians sometimes expressed limited interest in a pathology report data, including the resection margin status. Author considered the lymph node ratio (LNR) more powerful

prognostic marker ignoring the importance of lymph node location. Last, there is no data about handling protocol of PDAC at Hospital Clinico universitario in Valencia, besides ambiguity of final assessment of R1 (margins involvement), i.e the hospital will consider indirect tumor invasion of vascular , perineural or lymphatic as R1 or not? And if the hospital protocol is prepared as a step towards standardized protocol, it lacks the guidelines relating to the minimum number of circumferential margin blocks. A very important point the manuscript does not touch completely is Whipple operation efficiency as an adequate operation for head of the pancreas duct cancer, in the light of involvement of lymph nodes along superior and inferior borders of body of pancreas, which are not removed in the Whipple procedure. Another highly critical point is the variation that exists between pancreatic, ampullary, and CBD cancer in term of resection margin and lymph node metastatic locations. Minor points: 1. Please describe ACP at its first usage. 2. Please describe ADP at its first usage. 3. The statement “the opening of biliary and pancreatic ducts, horizontal section of the pancreas and transversal sections perpendicular to the ducts” should be further clarified. 4. In the section -4. Margin involvement: R1 status, colorectal should be replaced with pancreatic.