



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 75216

Title: Modified binding pancreaticogastrostomy versus modified Blumgart pancreaticojejunostomy after laparoscopic pancreaticoduodenectomy for pancreatic or periampullary tumors

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05322119

Position: Peer Reviewer

Academic degree: FACS, MD

Professional title: Surgical Oncologist

Reviewer's Country/Territory: Peru

Author's Country/Territory: India

Manuscript submission date: 2022-01-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-19 02:24

Reviewer performed review: 2022-01-19 03:40

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection



Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Thank you for the opportunity to review this study. Kindly find my comments below.

1. The study compares two types of management of the pancreatic stump: PG vs PJ in laparoscopy during the learning curve. All procedures were performed by one surgeon. PJ type had higher rates of POPF-B/C and PG of PPH. 2. When patients were eligible for PG or Blumgart PJ, both had variations of the original technique in order to achieve a pure laparoscopic procedure. Hence, it is important to address the following: a. The idea of the Blumgart PJ is to lower the shear forces along the cut surface of the pancreas. This is achieved by covering the transection surface with the jejunal wall. This is important as the patients with PJ in this study had only 2 stitches on each side of the pancreatic duct. Although the use of stents mitigated POPF's the clear benefit seems to be obtained from external stents. This has not been specified in the paper. Hence, the variation in the Blumgart technique is a confounder. The PG also has a variation but does not seem to have added potential confounders. Accordingly, as reported in the literature, PPH is an important complication in this type of reconstruction. b. The authors address that no mortality was recorded. However, was this in-hospital mortality, 30-day or 90-day mortality? In HPB surgery a 90-d follow-up is a more precise measure to report this outcome. c. Regarding definitions, what FRS was used? d. What was the outcome of the patients with PJ or PG who were not included in the study? e. When expressing the p-value, it is noteworthy that they are not 0 or 1, they could get close to those values and despite the statistic package, it is better to notate them as >0.999 or <0.0001.



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Author's Country/Territory: India

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript is quite original, reporting a discrete cohort of patients treated by an old well-known technique, applied to laparoscopy. The findings are very honest, reporting some improved results (reduced POPF) at the price of increased bleedings. Therefore, I would like to suggest to better stress a couple of issues in the discussion. First, laparoscopic technique should not modify the evidence of surgery in order to reduce technical difficulties. Therefore, the ongoing literature does not recommend pancreaticogastrostomy as a routine.