

OPEN PEER REVIEW

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International Journal of Cancer Management

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Peer Review Report for "Conventional Reconstruction Versus Double Roux Reconstruction Procedure After Pancreaticoduodenectomy"

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Review Timeline:

Submit Date:	16 Nov 2024
Revised Date:	3 Aug 2025
Accepted Date:	5 Aug 2025

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE : Associate Editor

24 Nov 2024

The article " Conventional Reconstruction versus Double Roux Reconstruction Procedure after pancreaticoduodenectomy" was studied, the following items are offered as suggestions

The study must definitely be rewritten in terms of English.

Many studies have been conducted on this surgical method, and this study has no innovation.

What does POPF mean? You mentioned that it refers to a postoperative fistula. Are you referring to a leak at the anastomosis?

Have the surgeries been performed as classic Whipple procedures or as pylorus-preserving procedures?

Diabetes is a confounding factor that was significantly more prevalent in the control group

' The DPPR group had a higher rate of reoperations (26.3%) compared to the classic group 94 (9.7%), but this was not statistically significant ($p=0.119$).' The complication of DPPR is very high. And I don't think, considering these numerous complications, that it is a good method to recommend to others.

The discussion section is written very weakly. In the study linked below, it was conducted on 319 patients and generally advised against performing DPPR

Best regards

REFeree : EIC

25 Nov 2024

Dear Author,

As this study is not a randomized clinical trial, the patient selection criteria for each group should be mentioned in the methodology.

A fistula is an abnormal communication between two organs or skin via an epithelialized tract. In this study, pancreatic fistula is mistakenly used for pancreatic anastomosis leakage.

Also, the study concluded that the rate of anastomosis leakage, although not statistically significant, is lower in the DRRP group, but later on, it is mentioned that the DRRP group had a higher rate of reoperations due to leaks at various anastomotic sites.

Finally, the study is initially compares DRRP (Double Roux Reconstruction Procedure) with Classic reconstruction in Whipple's procedure, but later on it speaks of DPPR (Duodenal-Preserving Pancreatic Resection), which does not appear to be a simple mistyping of an abbreviation, because it clearly describes preservation of the duodenum and its surrounding vasculature in the results and discussion sections.

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Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Associate Editor 1:

The article " Conventional Reconstruction versus Double Roux Reconstruction Procedure after pancreaticoduodenectomy" was studied, the following items are offered as suggestions

The study must definitely be rewritten in terms of English.

Response: Thank you for your comment. Grammatical errors have been addressed throughout the manuscript.

Many studies have been conducted on this surgical method, and this study has no innovation.

Response: Thank you for your feedback. We believe that our study adds valuable information to the existing body of literature and help address gaps that remain.

What does POPF mean? You mentioned that it refers to a postoperative fistula. Are you referring to a leak at the anastomosis?

Response: Thank you for your question. POPF refers to a postoperative pancreatic fistula, which is a specific type of complication involving leakage of pancreatic fluid from the surgical site. However, we have replaced this term in the manuscript to ensure clarity and avoid any potential confusion.

Have the surgeries been performed as classic Whipple procedures or as pylorus-preserving procedures?

Response: Thank you for your comment. As stated in the manuscript, the surgeries have been performed as classic Whipple procedure.

Page 2, Line 45

Diabetes is a confounding factor that was significantly more prevalent in the control group

Response: Thank you for your thoughtful comment. We acknowledge that diabetes, being significantly more prevalent in the control group, could act as a confounding factor in this study. As the study was not randomized, such imbalances between groups were anticipated. We have addressed this limitation in the discussion section and highlighted its potential impact on the results.

Page 6, Line 163-165

' The DPPR group had a higher rate of reoperations (26.3%) compared to the classic group 94 (9.7%), but this was not statistically significant ($p=0.119$).' The complication of DPPR is very high. And I don't think, considering these numerous complications, that it is a good method to recommend to others.

Response: Thank you for your comment and for raising this important point. We agree that the rate of reoperations in the DPPR group is higher compared to the classic group, as observed in our study. However, it is important to note that this difference did not reach statistical significance ($p=0.119$), and the higher rate of complications may be influenced by factors such as patient selection and surgical complexity, which we have discussed as potential limitations of the study. While the results suggest caution in recommending DRRP, we believe that further studies with larger sample sizes and long-term follow-up are essential to better evaluate the safety and efficacy of this method.

The discussion section is written very weakly.

Response: The whole section was revised accordingly.

In the study linked below, it was conducted on 319 patients and generally advised against performing DPPR

Response: Thank you for your comment. Unfortunately, the link you referenced is not visible, so we are unable to review the specific study you mentioned. Additionally, we would like to clarify that our study focuses on DRRP, not DPPR.

EIC Decision:

As this study is not a randomized clinical trial, the patient selection criteria for each group should be mentioned in the methodology.

Response: Thank you for your insightful comment. The patient selection criteria for each group have been detailed in the methodology section to ensure transparency.

Page 3, Lines 52-59

A fistula is an abnormal communication between the two organs or skin via an epithelialized tract. In this study pancreatic fistula is mistakenly used for pancreatic anastomosis leakage. Also the study concluded that the rate of anastomosis leakage although not statistically significant, is lower in DRRP group, but later on, it is mentioned that the DRRP group had a higher rate of reoperations due to leaks at various anastomotic sites.

Response: Thank you for your detailed comment. We appreciate your observation regarding the terminology, and revised the manuscript to ensure that the term "pancreatic fistula" is used appropriately or replaced with "pancreatic anastomosis leakage" where applicable to avoid confusion. Regarding the findings, we acknowledge that the DRRP group showed a lower (though not statistically significant) rate of pancreatic anastomosis leakage. However, the higher rate of reoperations in this group was due to leaks at various anastomotic sites.

Finally the study is initially comparing DRRP (Double Roux Reconstruction Procedure) with Classic reconstruction in Whipple's procedure but later on it is speaking of DPPR (Duodenal-Preserving Pancreatic Resection) which does not appear to be a simple mistyping of an abbreviation, because it clearly describes preservation of the duodenum and it surrounding vasculature in the results and discussion sections.

Response: Thank you for your comment. Typos were edited throughout the manuscript.

Reviewer Assistant Comments:

These comments were generated by AI based on your manuscript. Please review them and consider incorporating the suggestions to enhance your article.

Based on the provided text about the study comparing Conventional Reconstruction and Double Roux Reconstruction Procedure after pancreaticoduodenectomy, I will evaluate it using the relevant checklists for a cohort study, as it appears to be a prospective observational study.

Review Using STROBE Cohort Checklist

1. Title and Abstract

- Title: The title indicates the study design by comparing two surgical techniques.
- Abstract: The abstract provides a structured summary of the study's background, objectives, methods, results, and conclusions.

2. Introduction

- Background/Rationale: The background explains the high morbidity associated with pancreaticoduodenectomy and introduces the rationale for comparing the two reconstruction techniques.
- Objectives: The objectives are clearly stated, focusing on comparing clinical outcomes.

3. Methods

- Study Design: The study is described as a prospective study.

- Setting: The setting is not explicitly detailed; it would be beneficial to include the location and dates of the study.

Response: Thank you for your feedback. We updated the manuscript to explicitly include the study's location and the time frame during which it was conducted to provide greater context.

Page 2, Lines 46-47

- Eligibility Criteria: The criteria for patient inclusion are not specified in detail. It would be helpful to clarify how patients were selected for each group.

Response: Thank you for highlighting this. The eligibility criteria for patient inclusion were revised for clarity and transparency.

Page 3, Lines 52-59

- Variables: The outcomes (post-operative pancreatic fistula rate, reoperation rates) are defined, but potential confounders and effect modifiers are not discussed.

Response: Thank you for your comment. We acknowledge that factors such as diabetes, being significantly more prevalent in the control group, could act as a confounding factor in this study. As the study was not randomized, such imbalances between groups were anticipated. We have addressed this limitation in the discussion section and highlighted its potential impact on the results.

Page 6, Line 163-165

- Data Sources/Measurement: The methods for measuring outcomes (e.g., monitoring secretions) are mentioned, but further detail on how data were collected would enhance clarity.

Response: Thank you for your comment. The data on outcomes were collected from daily ICU nurse charts, which were scanned and monitored consistently. We will add this detail to the methodology section to enhance clarity regarding the data collection process.

Page 3, Lines 60-61

- Bias: There is no mention of efforts to address potential sources of bias.

Response: Thank you for your comment. As the study was non-randomized, we acknowledge that potential sources of bias may exist. This limitation has been discussed in the manuscript.

- Study Size: The sample size is provided (50 patients), but the rationale for this size is not discussed.

Response: Thank you for your comment. As added to the manuscript, census method of sampling was used.

Page 3, Line 52

- Statistical Methods: Statistical methods used to compare groups are not specified.

Response: Thank you for your comment. The statistical methods used to compare groups were clearly defined in the study. Categorical variables were analyzed using the Chi-square test, while continuous variables were analyzed using the Mann-Whitney U test, given their non-normal distribution.

Page 3, Lines 75-76

4. Results

- Participants: The number of participants in each group is provided, but a flow diagram showing participant flow would be beneficial.

Response: Thank you for your valuable feedback. We appreciate your suggestion regarding a flow diagram to illustrate participant flow. However, we have ensured that all relevant details regarding the number of participants in each group are clearly provided within the text.

- Descriptive Data: Demographic and clinical characteristics of participants are not included.

Response: Thank you for your comment. Demographic and clinical characteristics of participants are presented in Table 1.

- Outcome Data: The results for the primary outcomes are presented, but more detailed statistical analysis (e.g., confidence intervals) would strengthen the findings.

Response: Thank you for pointing this out. Confidence intervals are not typically calculated directly for the chi-square test or the Mann-Whitney U test, as these tests are used for different purposes.

5. Discussion

- Key Results: The key results are summarized, but further discussion on the implications of these findings would be valuable.

Response: Thank you for your helpful suggestion. We expanded the discussion on the implications of our key findings in the revised manuscript.

- Limitations: Limitations of the study are briefly mentioned, but a more thorough discussion of potential biases and limitations would be beneficial.

Response: Thank you for your constructive feedback. We revised the limitations section to provide a more comprehensive analysis of the study's limitations, including the impact of non-randomization and other relevant factors.

Pages 6-7, Lines 149-167

- Generalisability: The generalisability of the findings is not addressed.

Response: Thank you for pointing this out. We discussed the generalizability of our findings, highlighting the specific context of our study and the factors that may limit or enhance the applicability of the results to other populations or settings.

Page 6, Line 157

6. Other Information

- Funding: There is no mention of funding sources or conflicts of interest.

Response:

Summary of Findings

The study provides a good initial comparison of the two surgical techniques, but it lacks detail in several areas, particularly in the methods and discussion sections. Addressing these gaps would enhance the clarity and robustness of the findings.

Recommendations for Improvement

- Include detailed eligibility criteria and participant demographics.
- Specify the statistical methods used for analysis.
- Discuss potential biases and limitations more thoroughly.
- Provide a flow diagram for participant inclusion and exclusion.
- Include information on funding sources and conflicts of interest.

OPEN PEER REVIEW

Revision (1)

REFEREE : Associate Editor

11 Apr 2025

Dear EIC,

Although the researcher has put in a great deal of effort, in my opinion, this article is not suitable for publication in this journal.

REFEREE : EIC

7 May 2025

Dear Author,

The manuscript presents a prospective comparative study evaluating clinical outcomes between conventional Whipple (classic) and Double Roux Reconstruction Procedure (DRRP) following pancreaticoduodenectomy. The topic is clinically relevant, addressing the challenge of reducing morbidity in a high-risk surgical population. However, the study has several methodological and reporting limitations that should be addressed before consideration for publication.

1-The manuscript uses the term "DRRP DPPR" inconsistently and without clarification. It's unclear whether "DPPR" is a typo or a distinct variant. Please standardize terminology throughout the manuscript. If DRRP and DPPR are different, define both early in the methods.

2- Explain how patients were assigned to each group. Consider discussing the possibility of selection bias more transparently in the limitations.

3-The introduction lacks a clearly stated hypothesis. The objective section also reads more like a general aim than a testable hypothesis. So please Reframe the objectives into a clear hypothesis or research question (e.g., "We hypothesized that DRRP would reduce postoperative pancreatic fistula compared to the classic Whipple procedure").

4-Recommend language polishing for clarity and conciseness.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

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The manuscript presents a prospective comparative study evaluating clinical outcomes between conventional Whipple (classic) and Double Roux Reconstruction Procedure (DRRP) following pancreaticoduodenectomy. The topic is clinically relevant, addressing the challenge of reducing morbidity in a high-risk surgical population. However, the study has several methodological and reporting limitations that should be addressed before consideration for publication.

We thank the reviewer for the insightful and constructive feedback, which has helped improve the clarity and quality of our manuscript. We have addressed each point as follows:

1-The manuscript uses the term “DRRP DPPR” inconsistently and without clarification. It’s unclear whether “DPPR” is a typo or a distinct variant. please Standardize terminology throughout the manuscript. If DRRP and DPPR are different, define both early in the methods.

Response: We apologize for the confusion caused by the appearance of “DPPR” in the manuscript. Upon review, we realized that a strikethrough formatting error next to “DPPR” contributed to the confusion. We confirm that DRRP (Double Roux Reconstruction Procedure) is the correct term. The manuscript has been carefully revised to standardize the terminology throughout, and all formatting issues and incorrect mentions of “DPPR” have been corrected.

2- Explain how patients were assigned to each group. Consider discussing the possibility of selection bias more transparently in the limitations.

Response: Thank you for your valuable comment. We have now added to the Methods section:

“Patients who were eligible for surgery were thoroughly informed about both surgical options—Classic Whipple and DRRP. After a comprehensive discussion of potential benefits and risks, the choice of procedure was made by the patients themselves in consultation with the surgical team”.

And to the Limitation section:

“Furthermore, patients were not randomly assigned to treatment groups; instead, eligible patients were thoroughly informed about both procedures and made the final decision in consultation with the surgical team. This self-selection introduces a risk of selection bias, as patients' choices and underlying characteristics may have influenced outcomes. In addition, the inclusion criteria may not fully capture the heterogeneity of patients undergoing pancreaticoduodenectomy, and the higher rate of complications observed may be influenced by patient selection and surgical complexity”.

3-The introduction lacks a clearly stated hypothesis. The objective section also reads more like a general aim than a testable hypothesis. So please Reframe the objectives into a clear hypothesis or research question (e.g., "We hypothesized that DRRP would reduce postoperative pancreatic fistula compared to the classic Whipple procedure").

***Response:** Thank you for your valuable comment. We have now revised the Objectives as:*

“This article explores the differences between conventional Whipple and DRRP, focusing on surgical technique, postoperative complications, and clinical outcomes. We hypothesized that DRRP would result in a lower incidence of postoperative pancreatic fistula and related complications compared to the classic Whipple procedure”.

4-Recommend language polishing for clarity and conciseness.

***Response:** Thank you for your valuable comment. We have thoroughly revised the manuscript for language clarity, grammar, and conciseness.*

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Revision (2)

REFEREE : EIC

5 Aug 2025

Dear Author,

Thank you for submitting your manuscript to IJCM