Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 67227

Title: Surgical Ampullectomy: A Comprehensive Review

Reviewer's code: 00505440

Position: Editorial Board

Academic degree: MBBS, MD, PhD

Professional title: Doctor, Senior Lecturer

Reviewer’s Country/Territory: Australia

Author’s Country/Territory: United Kingdom

Manuscript submission date: 2021-04-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-20 08:30

Reviewer performed review: 2021-04-20 23:22

Review time: 14 Hours

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Language quality</td>
<td>[ Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</td>
</tr>
<tr>
<td>Conclusion</td>
<td>[ ] Accept (High priority) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection</td>
</tr>
<tr>
<td>Re-review</td>
<td>[ ] Yes [ Y] No</td>
</tr>
<tr>
<td>Peer-reviewer</td>
<td>Peer-Review: [ ] Anonymous [ Y] Onymous</td>
</tr>
<tr>
<td>statements</td>
<td>Conflicts-of-Interest: [ ] Yes [ Y] No</td>
</tr>
</tbody>
</table>
SPECIFIC COMMENTS TO AUTHORS
This is a nice narrative review on a less commonly discussed topic. The authors draw on their personal experience to help inform the reader. My only suggestion to the authors is if they would consider tabulating some of the data in the section on Indications and Clinical Outcomes as currently it makes for heavy reading. The tables will help the reader appreciate the differences in the study and also reduce the amount that needs to be written in the manuscript. Overall, a comprehensive review - as promised by the authors in the abstract.
Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 67227

Title: Surgical Ampullectomy: A Comprehensive Review

Reviewer’s code: 05913806

Position: Peer Reviewer

Academic degree: MD

Professional title: Surgeon

Reviewer’s Country/Territory: Israel

Author’s Country/Territory: United Kingdom

Manuscript submission date: 2021-04-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-04-19 05:55

Reviewer performed review: 2021-05-07 02:03

Review time: 17 Days and 20 Hours

<table>
<thead>
<tr>
<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[Y] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
<th>[ ] Grade D: Fair</th>
<th>[ ] Grade E: Do not publish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language quality</td>
<td>[Y] Grade A: Priority publishing</td>
<td>[ ] Grade B: Minor language polishing</td>
<td>[ ] Grade C: A great deal of language polishing</td>
<td>[ ] Grade D: Rejection</td>
<td></td>
</tr>
<tr>
<td>Conclusion</td>
<td>[ ] Accept (High priority)</td>
<td>[ ] Accept (General priority)</td>
<td>[Y] Minor revision</td>
<td>[ ] Major revision</td>
<td>[ ] Rejection</td>
</tr>
<tr>
<td>Re-review</td>
<td>[ ] Yes</td>
<td>[Y] No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer-reviewer statements</td>
<td>Peer-Review: [Y] Anonymous</td>
<td>[ ] Onymous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conflicts-of-Interest: [ ] Yes</td>
<td>[Y] No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SPECIFIC COMMENTS TO AUTHORS
the suggested manuscript (surgical ampullectomy; a comprehensive review) explores
the role of surgical ampullectomy for the management of benign as well as malignant
diseases of the ampulla, especially in t a new era which includes new endoscopic
techniques. the title reflect the main subject of the manuscript and the abstract is well
written annd summarizes the manuscript. the key words do reflect the focus on the
manuscript. the background, pre-operative evaluation, indications, surgical techniques
and clinical outcomes are well written as well. The author prepare the manuscript
according to the appropriate research methods and reporting minor revisions are
suggested: 1- in the first paragraph of the introduction section, second line- "only 7% of
cancers in the region"- better to say 7% of peri-ampullary tumors. 2- morbidity following
endoscopic papillectomy (EP) occured in 18.9%, including haemorrhage, papillary
stenosis and others. what was the most common complication? 3- EP as a suggested
treatment for carefully selected early ampullary cancer was controversial by some
authors which advocates PD for all ampullary cancers- what is the reason for such
advocation? is it duo to lymph node involvement? 4- endoscopy using a side-viewing
endoscope is a technique used for visualization of the ampulla and for taking biopsies-
what is the sensitivity and specificity for such technique in regard to ampullary lesion? 5-
in the indication section, paragraph about FAP- "patents"- "patients". 6- please provide
the classification table developed by Spigelman. 7- what were the advbantages and
disadvantages of the suggested surgical techniques.