



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 115078

Title: Age and red cell distribution width in pancreatic cystic neoplasms: A simple tool for preoperative malignancy risk stratification

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07948709

Position: Peer Reviewer

Academic degree and professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2025-10-07

Reviewer chosen by: AI Editor

Reviewer accepted review: 2025-10-09 03:45

Reviewer performed review: 2025-10-17 08:54

Review time: 8 Days and 5 Hours

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? Yes Is there any Key Word that is not included in the manuscript title? No Do authors' affiliations correspond to the content of the manuscript? Yes Does the Abstract contain the contents of each part of the manuscript (IMRaD)? Yes Are the Key Words complete? Yes
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Is the content of the Introduction adequate? **Yes**

Is the content of the Materials and Methods complete?
Not Applicable

Is the description of the experiments clear and complete? **Not Applicable**

Are the experimental data presented in the manuscript's biostatistics content reliable? **Not Applicable**

Are the experimental data of the Results true and reliable? **Not Applicable**

Are the quality and resolution of the images up to standard? **Not Applicable**

Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Not Applicable**

Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **No**

Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **Not Applicable**

Is the content of the Discussion reasonable? **Yes**

Is the Conclusion reasonable? **Yes**

Are all references necessary and reasonable? **Yes**

Do authors omit important references? **No**

Are all references related to the topic of the manuscript? **Yes**

Do authors only cite their own earlier publications? **No**

Is the manuscript's text correct, concise, and clear? **Yes**

Will the manuscript's content be of interest to readers?



	Yes Are additional experiments needed for the study? No Does the research scope comply with ethics? Yes
Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade B (Very Good)
Language quality	Grade B (Very good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Minor revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

This editorial provides a timely evaluation of Martli et al.'s study proposing age and RDW as novel predictors for preoperative risk stratification in pancreatic cystic neoplasms, effectively highlighting the potential clinical value of this simple, widely accessible diagnostic combination. The authors appropriately acknowledge the



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exploratory nature of this single-center retrospective cohort, emphasizing key methodological limitations including small sample size, selection bias in surgically treated patients, and the preliminary status of the proposed cut-off values. While the article successfully underscores the appeal of incorporating routine biomarkers to complement invasive diagnostics—particularly in resource-limited settings—it would benefit from more critical interrogation of RDW's nonspecific biological relevance to pancreatic tumorigenesis beyond general inflammation. Ultimately, the editorial advances a constructive framework for translating this research by prioritizing multicenter validation, biological mechanism exploration, and integration with imaging-based risk stratification systems while appropriately tempering premature clinical implementation claims. With modest revisions to reinforce these caveats and biological plausibility discussions, this commentary would strengthen its contribution to a clinically important discourse.

1. Please modify statements suggesting direct clinical application (e.g., "aids in identifying high-risk patients," "optimizes clinical decision-making") to reflect its strictly hypothesis-generating status. Emphasize that validation in multicenter prospective studies is important before considering clinical implementation, particularly highlighting the need for testing in non-surgical PCN cohorts to address selection bias.
2. The mechanistic link between RDW and PCN malignancy remains highly speculative. Rather than detailing unrelated TME pathways (e.g., HCC and PDAC mechanisms cited in Section 5), focus on established RDW pathophysiology relevant to pancreatic neoplasia: its association with chronic inflammation (e.g., IL-6 mediated hepatocyte iron regulation), nutritional deficiencies (B12/folate impacting DNA repair), or erythrocyte aging in hypoxic microenvironments. Cite direct evidence linking RDW to pancreatic disease outcomes (e.g., PMID 36574524 on RDW in pancreatic cancer prognosis) to build a more coherent biological narrative.



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3. To enhance translational relevance, add a comparative table or paragraph mapping this model against existing risk-stratification systems (e.g., Fukuoka consensus or AGA guidelines). Specify where RDW/age thresholds could supplement imaging/EUS criteria (e.g., for indeterminate cysts) or help prioritize biopsy in resource-limited settings. Crucially, address whether RDW adds value beyond CA19-9/NLR and how false positives might escalate unnecessary interventions given RDW's nonspecificity.