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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 111202

Title: Clinicopathological features of patients undergoing surgery for pancreatic cancer with very early postoperative recurrence

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06239111
Position: Peer Reviewer
Academic degree and professional title: Associate Professor, PhD
Reviewer's Country/Territory: Türkiye
Author's Country/Territory: Türkiye

Manuscript submission date: 2025-06-24

Reviewer chosen by: Jia-Lin Zhang

Reviewer accepted review: 2025-06-27 05:25

Reviewer performed review: 2025-06-27 05:30

Review time: 1 Hour

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? **Yes** 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? **Yes** Is the description of the experiments clear and complete? **Yes** Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes** Are the experimental data of the Results true and reliable? **Yes** Are the quality and resolution of the images up to standard? **Yes** Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes** 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? **Yes** 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? **Yes** 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? **Yes** Does the research scope comply with ethics? **Yes**

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Scientific quality	Grade C (Good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade C (Good)
Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade C (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	Major revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	

SPECIFIC COMMENTS TO AUTHORS

I have reviewed the manuscript titled "Clinicopathological Features of Patients Undergoing Surgery for Pancreatic Cancer with Very Early Postoperative Recurrence." The study addresses a clinically significant and emerging topic in pancreatic ductal adenocarcinoma (PDAC) very early recurrence (VER) following curative intent surgery. The retrospective cohort design and relatively large sample size from a high volume center provide a robust dataset, and the identification of poorly differentiated tumors (G3) as a key predictor of VER represents a meaningful contribution to the limited

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literature. However, the manuscript presents several critical limitations that require major revision. First, the study lacks molecular or genomic data, which limits biological interpretation and personalized treatment implications. Second, there is variability in the timing of postoperative imaging (ranging from 4 to 12 weeks), which may lead to misclassification of recurrence status. Third, the findings are not validated on an external or multi institutional dataset, raising concerns about generalizability. Importantly, the study relies solely on traditional statistical methods; integrating supervised machine learning models (e.g., random forests, gradient boosting) could enhance predictive performance and allow for comparative evaluation with logistic regression. Such models would not only identify nonlinear patterns among predictors but also provide interpretable feature importance rankings, strengthening the clinical utility of VER prediction. Furthermore, the manuscript lacks a state of the art comparison table and does not include an ablation analysis to demonstrate the incremental value of individual predictors. The absence of a standardized section discussing limitations and directions for future research reduces transparency. To support reproducibility, the authors should consider publicly sharing anonymized datasets and code on platforms such as GitHub or Zenodo. Overall, while the manuscript highlights an important prognostic dimension of PDAC, it requires substantial methodological enhancement and analytic depth before it can be considered for publication. To support reproducibility, the authors should consider publicly sharing anonymized datasets and code on platforms such as GitHub or Zenodo. Overall, while the manuscript highlights an important prognostic dimension of PDAC, it requires substantial methodological enhancement and analytic depth before it can be considered for publication.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 111202

Title: Clinicopathological features of patients undergoing surgery for pancreatic cancer with very early postoperative recurrence

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06239111

Position: Peer Reviewer

Academic degree and professional title: Associate Professor, PhD

Reviewer's Country/Territory: Türkiye

Author's Country/Territory: Türkiye

Manuscript submission date: 2025-06-24

Reviewer chosen by: Cong Lin

Reviewer accepted review: 2025-08-25 05:50

Reviewer performed review: 2025-08-25 05:56

Review time: 1 Hour

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** Are the Key Words complete? **Yes** Does the Abstract contain the contents of each part of the manuscript (IMRaD)? **Yes**

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Scientific quality	Grade C (Good)
Novelty of this manuscript	Grade C (Good)
Creativity or innovation of this manuscript	Grade C (Good)
Scientific significance of the conclusion in this manuscript	Grade D (Fair)
Language quality	Grade C (Good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	Yes
Does this manuscript report an unconventional innovation?	Yes
Conclusion	Minor revision
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	No

SPECIFIC COMMENTS TO AUTHORS

I have reviewed the manuscript titled "Clinicopathological Features of Patients Undergoing Surgery for Pancreatic Cancer with Very Early Postoperative Recurrence," and while the study addresses an important clinical issue, several major revisions are necessary to strengthen its scientific contribution. The retrospective cohort design with machine learning integration is a promising approach, yet the methodology requires greater transparency, particularly in how missing data, potential biases, and confounders were handled. The inclusion/exclusion criteria are reported but need clearer justification, especially regarding why certain subgroups (e.g., patients with

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body/tail tumors) remain underrepresented and how this affects generalizability. The statistical analysis is adequately described, but more detail on model validation (e.g., cross-validation, overfitting risk) is required to support the reliability of the random forest results. Figures and tables, while informative, could benefit from improved readability and clearer labeling of clinical thresholds. Importantly, while the manuscript discusses machine learning, it lacks a critical perspective on explainable artificial intelligence (XAI). Given the growing demand for interpretability in clinical prediction models, the authors should incorporate a section on XAI approaches (e.g., SHAP values, feature attribution methods) to clarify how their model outputs could be applied in practice. Additionally, the discussion should expand on how artificial intelligence can complement molecular profiling and personalized surveillance strategies in pancreatic ductal adenocarcinoma. Finally, the limitations section should explicitly acknowledge the absence of molecular validation, the retrospective single-center nature of the study, and the limited body/tail tumor representation, while also outlining future research directions. I recommend major revision before this manuscript can be considered for publication.