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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 123800

Title: De-escalating surveillance in branch duct intraductal papillary mucinous neoplasms: Balancing surveillance burden with long-term oncologic risk

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 08410607
Position: Peer Reviewer
Academic degree and professional title: MD, PhD
Reviewer's Country/Territory: United States
Author's Country/Territory: South Korea

Manuscript submission date: 2026-05-28

Reviewer chosen by: Hong-Xin Jiang

Reviewer accepted review: 2026-05-31 13:41

Reviewer performed review: 2026-06-02 14:03

Review time: 2 Days

Content to be reviewed	Does the research scope comply with ethics? **Not Applicable** Are additional experiments needed for the study? **No** Will the manuscript's content be of interest to readers? **Yes** Do authors omit important references? **Yes** Are all references necessary and reasonable? **Yes** Is the Conclusion reasonable? **Yes** Is the content of the Discussion reasonable? **Not**

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	Applicable Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Not Applicable** Are the quality and resolution of the images up to standard? **Not Applicable** Are the experimental data of the Results true and reliable? **Not Applicable** Are the experimental data presented in the manuscript's biostatistics content reliable? **Not Applicable** Is the description of the experiments clear and complete? **Not Applicable** Is the content of the Materials and Methods complete? **Not Applicable** Is the content of the Introduction adequate? **Yes** Does the manuscript's content fall within the scope of the journal? **Yes** Have any new issues been identified in the iThenticate similarity report? **Not Applicable** Have any concerns been identified in the AI detection report? **No**
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)

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Does this manuscript describe a study of the existing knowledge system?	No
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Major revision
Re-review	No
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Reviewer's AI contribution statement	Did you input any part of the manuscript into AI systems, upload or share confidential materials with AI tools? **No** Were your review comments translated into English from other languages using AI? **No** Was AI tools used for language editing and/or grammar refinement of your review comments? **No** Was the scientific evaluation of the manuscript performed using AI? **No** Were the results of the manuscript interpreted using AI? **No** Was the review conclusion generated using AI? **No** Were any sections of your review comments generated using AI? **No**

SPECIFIC COMMENTS TO AUTHORS

The manuscript provides a timely and thoughtful commentary on the de-escalation of surveillance in branch duct intraductal papillary mucinous neoplasms (BD-IPMNs). The authors appropriately acknowledge the clinical relevance of the study by Hopley et al. while raising several important concerns regarding the interpretation of early surgical

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clustering, the potential influence of discovery-phase enrichment bias, cyst-size heterogeneity, long-term concomitant pancreatic ductal adenocarcinoma (PDAC) risk, and individualized assessment of surgical fitness.

One of the main strengths of this letter is its discussion of "front-loaded" surgery. The authors make a valid point that the concentration of resections within the first two years may reflect the initial discovery of prevalent high-risk lesions rather than the true biological timing of malignant progression. This is a clinically important distinction, and the comparison with studies that excluded early resections to reduce discovery bias is useful. However, I suggest that the authors express this argument with slightly more caution. The current wording may imply that the original study's findings are largely explained by bias, whereas they may still provide valuable real-world information about surveillance practice. A more balanced phrasing would strengthen the constructive tone of the letter.

The discussion of cyst-size stratification is also relevant and well supported. The authors correctly point out that a single < 30 mm category may obscure clinically meaningful differences between very small cysts and those measuring 20–29 mm. This is an important issue for risk-adapted surveillance. Nevertheless, this section is relatively long for a Letter to the Editor and could be condensed. In particular, some expressions, such as "monolithic < 30-mm classification" and "threatens an untimely withdrawal of surveillance," may sound overly strong. I recommend revising these phrases to more neutral language, such as "a single < 30-mm category may obscure risk heterogeneity" or "may lead to premature discontinuation in selected patients."

The authors' emphasis on the dual oncologic purpose of BD-IPMN surveillance is another strength. The distinction between monitoring progression of the index cyst and detecting concomitant PDAC elsewhere in the pancreas is highly relevant when discussing complete discharge after five years of stability. This argument supports the

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need for individualized rather than universal discontinuation. However, the authors may consider clarifying that surveillance de-escalation is still reasonable in carefully selected low-risk patients, while complete discontinuation should be approached more cautiously in patients with preserved life expectancy and acceptable surgical candidacy.

The section on aging and surgical fitness is clinically meaningful. The authors appropriately state that chronological age should not be used as the sole determinant of surveillance benefit, and that frailty, life expectancy, and willingness or ability to undergo surgery should be incorporated into decision-making. This paragraph could be better integrated with the preceding discussion by emphasizing that the decision to discontinue surveillance should combine cyst biology, competing cancer risk, and patient-level operative fitness.

Overall, this is a well-written and clinically relevant letter that provides a balanced critique of a timely topic. The main arguments are valid and supported by appropriate references. I recommend minor revision, primarily to improve conciseness, soften several strongly worded statements, and more clearly emphasize that de-escalation and complete discontinuation are related but distinct clinical decisions.

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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 09178495
Position: Peer Reviewer
Academic degree and professional title: Lecturer, PhD
Reviewer's Country/Territory: China
Author's Country/Territory: South Korea

Manuscript submission date: 2026-05-28
Reviewer chosen by: Hong-Xin Jiang
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Reviewer performed review: 2026-06-15 07:24
Review time: 7 Days and 19 Hours

Content to be reviewed	Does the research scope comply with ethics? **Yes** Are additional experiments needed for the study? **No** Will the manuscript's content be of interest to readers? **Yes** Do authors omit important references? **No** Are all references necessary and reasonable? **Yes** Is the Conclusion reasonable? **Yes** Is the content of the Discussion reasonable? **Yes** Do the selection and design of the figures and tables

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	follow the principles of necessity and clarity? **Not Applicable** Are the quality and resolution of the images up to standard? **Not Applicable** Are the experimental data of the Results true and reliable? **Yes** Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes** Is the description of the experiments clear and complete? **Yes** Is the content of the Materials and Methods complete? **Yes** Is the content of the Introduction adequate? **Yes** Does the manuscript's content fall within the scope of the journal? **Yes** Have any concerns been identified in the AI detection report? **No** Have any new issues been identified in the iThenticate similarity report? **No**
Scientific quality	Grade A (Excellent)
Novelty of this manuscript	Grade A (Excellent)
Creativity or innovation of this manuscript	Grade A (Excellent)
Scientific significance of the conclusion in this manuscript	Grade A (Excellent)
Language quality	Grade A (Excellent)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a	Yes

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revolutionary innovation?	
Does this manuscript report an unconventional innovation?	Yes
Conclusion	Minor revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Reviewer's AI contribution statement	The reviewer declares that no AI tools were used in the peer review process of this manuscript and take full responsibility for the accuracy of the review, confidentiality of the manuscript, and ethical integrity of the peer review process.

SPECIFIC COMMENTS TO AUTHORS

This letter to the editor provides a thoughtful and well-articulated critique of the study by Hopley et al. regarding de-escalation of surveillance in branch duct intraductal papillary mucinous neoplasms (BD-IPMNs). The authors raise several valid and clinically relevant concerns, particularly regarding discovery-phase enrichment bias, the need for more granular cyst size stratification, the risk of dual carcinogenesis (concomitant pancreatic ductal adenocarcinoma), and the importance of individualized surveillance based on surgical fitness rather than chronological age. The letter is concise, appropriately referenced, and adds meaningful nuance to the ongoing debate on BD-IPMN surveillance de-escalation.The manuscript is suitable for publication pending minor revisions to improve clarity and address a few factual/editorial inconsistencies.

（1）The authors argue that early resections may reflect "discovery bias" rather than true early malignancy. This is a valid point, but the letter would benefit from a brief explanation of why discovery bias matters for surveillance de-escalation. For example, if

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many early resections were performed because of incidental findings that triggered immediate workup (rather than true progression), then excluding those cases from long-term surveillance analysis could artificially inflate the safety of early discharge. A single sentence clarifying this mechanism would strengthen the argument.

（2）The letter is persuasive, but it does not acknowledge that Hopley et al. may have intentionally chosen a pragmatic "real-world" approach that includes discovery-phase events. Some guideline developers might argue that discovery bias is irrelevant because surveillance decisions must account for real-world clinical presentation, not just biological natural history. The authors could briefly acknowledge this perspective while reiterating their call for caution.

（3）The authors advocate that "complete discharge remains a highly individualized decision." It would be helpful to suggest what criteria might justify complete discharge (e.g., life expectancy < 5 years, severe frailty, patient preference). Without such examples, the recommendation remains somewhat abstract.

（4）Page 3, paragraph 1: "the benefit of continued surveillance diminishes after 2 years requires caution" – This sentence would read better as: "...concluding that the benefit of continued surveillance diminishes after 2 years requires caution, as it may not reflect..." (currently missing a verb? Actually it's fine but consider rephrasing: "Therefore, concluding that the benefit...requires caution because it may not reflect..." – as written it is acceptable but slightly awkward).

（5）Page 4, paragraph 1: "discharging patients at 5 years may result in missed opportunities" – This is clear; no change needed.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 123800

Title: De-escalating surveillance in branch duct intraductal papillary mucinous neoplasms: Balancing surveillance burden with long-term oncologic risk

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 09178495
Position: Peer Reviewer
Academic degree and professional title: Lecturer, PhD
Reviewer's Country/Territory: China
Author's Country/Territory: South Korea

Manuscript submission date: 2026-05-28
Reviewer chosen by: Cong Lin
Reviewer accepted review: 2026-06-22 02:41
Reviewer performed review: 2026-06-23 01:21
Review time: 22 Hours

Content to be reviewed	Have any new issues been identified in the iThenticate similarity report? **No** Have any concerns been identified in the AI detection report? **No** Does the manuscript's content fall within the scope of the journal? **Yes** Is the content of the Introduction adequate? **Yes** Is the content of the Materials and Methods complete? **Yes**

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	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 the content of the Discussion reasonable? **Yes** Is the Conclusion reasonable? **Yes** Are all references necessary and reasonable? **Yes** Do authors omit important references? **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 A (Excellent)
Novelty of this manuscript	Grade A (Excellent)
Creativity or innovation of this manuscript	Grade A (Excellent)
Scientific significance of the conclusion in this manuscript	Grade A (Excellent)
Language quality	Grade A (Excellent)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	Yes

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Does this manuscript report an unconventional innovation?	Yes
Conclusion	Accept
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No
Are your review comments generated by AI tools?	The reviewer declares that no AI tools were used in the peer review process of this manuscript and take full responsibility for the accuracy of the review, confidentiality of the manuscript, and ethical integrity of the peer review process.

SPECIFIC COMMENTS TO AUTHORS

The authors have well addressed the reviewers' comments and improved the quality; the manuscript is recommended for acceptance.