Reviewer’s report

Title: Comparison of different feeding regimes after pancreatoduodenectomy - a retrospective cohort analysis.

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Reviewer: Samuel Alaish

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Dr. Guilbaud and colleagues present a retrospective review of 86 patients who underwent pancreaticoduodenectomy in order to assess the efficacy of postoperative courses of nasogastric, gastrostomy and gastrojejunostomy tubes and feeding systems on delayed gastric emptying (DGE). The authors found that enteral nutrition through a GJ tube did not have the advantage of reducing DGE, hospital length of stay or cost savings. In addition, they found that gastrostomy tube insertion with TPN was associated with increased postoperative morbidity and DGE and should not be recommended. Overall, the paper is well-written; however, it has some significant limitations; most of which are acknowledged in the last paragraph of the discussion.

I have the following specific comments/questions:

1. Did the nutrition costs include the cost of enteral nutrition as well as the parenteral nutrition?

2. How long was the follow-up? What were the costs associated with removal of the G and G-J tubes? Did any patient have a complication associated with tube removal (ie. Gastrocutaneous fistula requiring operative closure)?

3. Patients in the G-tube and GJ-tube groups had an ASA score of 3 more often than those in the NG group and thus were sicker patients. Surgeon choice determined whether the patient received a G-tube or a GJ-tube. All patients in the NG group had a Whipple performed at a different center than those in the G-tube and GJ-tube groups who had a different operation, a PPPD, in a different center by (presumably) other surgeons. These three features of the study diminish the findings.

4. With regard to the feeding protocol for the GJ group, did any patients go off protocol? If so, why?

5. What was the minimum amount of time the G-tube or GJ tube was left in? Typically, we leave these tubes in 1-2 months, so that the site can heal before we remove the tube. Is that your practice as well?
6. Why was nutrition not cheaper in the GJ group given the fact that they were on enteral feeds and needed less or no PN?

7. There were more smokers in the GJ group than the NG group, \( p=0.05 \). If this is not accepted as significant, that is ok, but a borderline \( p \)-value like that should be addressed somewhere in the manuscript. This finding is similar to #3 above.

8. In the discussion, the authors state that the G-tube and GJ-tube are kept in place longer, because the surgical teams are still reticent to apply tension to the gastrojejunal anastomosis and fear the consequences of a clinically relevant POPF. I believe there are two other factors involved here as well: 1) the patient complains more about the discomfort of the NG tube and wants it out and 2) the G-tube and GJ-tube tracts need to mature before they are removed; whereas, the NG can simply be pulled anytime.

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