

July 6, 2015  
Editorial Manager  
*World Journal of Gastrointestinal Oncology*

Dear Sir,

We would like to thank you for reviewing the manuscript entitled “**Management of Borderline Resectable Pancreatic Cancer: Treatment Dilemma**” and providing insightful comments. Please find below responses to the reviewer comments:

1. Four major points to be addressed by the general comments

- ① Importance and significance: This manuscript may guide the treatment about “BRPC” through comparing different therapeutic regimens
- ② Novelty and innovative: Finding some similar articles on the PUBMED, but this manuscript contain some new studied in 2015.
- ③ Readability: It is a little difficult to read this manuscript because there is a quite a bit of data in this manuscript.
- ④ There are no ethics-related aspects.

**Reply:** We appreciate the comments from the reviewer. This review provides newer definition for diagnosis of borderline resectable pancreatic cancer, includes various trials and retrospective series that evaluated the treatment approaches and include recent studies which were missing from previous reviews. The treatment section has been shortened per reviewer’s suggestions.

2. Title: according to the content of the manuscript, it is better to change the title to “Management of Borderline Resectable Pancreatic Cancer”

**Reply:** The title has been changed as suggested

3. Abstract: the authors don’t make a brief description about the radiation therapy.

**Reply:** This has been included in the abstract as suggested.

4. Introduction: “Despite the recent advances in therapeutic interventions, the 5-year relative survival rate remains approximately 6%. At initial presentation, approximately 50-55% of the patients are found to have metastatic disease, 20-25% have locally advanced disease and only 20% have resectable disease.” Is there any reference?

**Reply:** We have included the reference.

5. Introduction: it is better to explain the meaning of “abut”、 “encasing”、 “involvement” in detail to avoid the doubt of the readers.

**Reply:** The definition of abutment and encasement is now included.

6. Staging working up: “However, CT is not very accurate for predicting resectability (45%-79%) as it is not very sensitive to detect small hepatic and peritoneal

metastases.” Is there any reference?

**Reply:** The reference has been added.

7. Staging working up: “EUS-guided fine needle aspiration or biopsy is safe and is associated with a low complication rate.<sup>[11, 12]</sup>” Is there any latest reference or data to support it?

**Reply:** Newer reference has been added.

8. Classification: “Table 1 lists the different classification systems utilized for defining borderline resectable pancreatic cancer including those proposed by the NCCN, MD Anderson and the Intergroup.” The authors don’t mention “AHPBA/SSAT/SSO” which appears in Table 1.

**Reply:** We have included in the main text as well.

9. Classification: maybe there is no need to describe the content about “NCCN Criteria” which has been listed in the Table 1.

**Reply:** We agree and we have removed the NCCN criteria from the main text.

10. Treatment: “In the adjuvant setting, up to 25% of patients are unable to receive treatment secondary to post-operative complications.<sup>[32]</sup>” Is there any latest reference or data to support it?

**Reply:** Reference has been added.

11. Treatment: “These outcomes were consistent with previous retrospective studies.” What is the “previous retrospective studies”?

**Reply:** We have added the references for the retrospective studies.

12. “Three patients in arm A and 2 patients in arm B underwent resection.” Please keep the same written forms about the numbers.

“The median OS for all BRPC was 19 months.” The authors never mention the “OS” before, please list the full name.

**Reply:** We have corrected the two sentences mentioned above.

13. There is too much data in the “Treatment” and it is better to cut down the content because most information has been listed in the Table 2.

**Reply:** The “treatment” section has been shortened.

14. Discussion and conclusion: Is R1 resection related to the topic of the manuscript?

**Reply:** We have included information on R1 resection as it the outcomes are somewhat different between R0 and R1 resection. The goal of neoadjuvant therapy is to obtain negative margins (R0 resection).

15. It is better to list the study together in Table 2 according to “study type”.

**Reply:** Table 2 has been changed as per suggestion.

We appreciate your time and effort for considering our manuscript for publication in your esteemed journal. Kindly let us know if you have any other questions or comments regarding the manuscript.

Sincerely,

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Answer to chief ediotr,

We had changed all Abbreviation definition.