



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 65468

**Title:** Local Ablation of pancreatic tumors: state of the art and future perspectives

**Reviewer's code:** 05429162

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Academic Fellow, Doctor, Research Fellow

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** Italy

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-03-09 14:40

**Reviewer performed review:** 2021-03-19 14:47

**Review time:** 10 Days

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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## SPECIFIC COMMENTS TO AUTHORS

Summary Granata et al. reviewed the local ablation therapy for pancreatic tumors. Although the manuscript well described about current situation and future perspectives of the local ablation therapy for pancreatic tumors, there are some points to be revised. Major points [Introduction] 1) Page 3 line 71; The latest NCCN guidelines for pancreatic adenocarcinoma was published in 2021, as version 2. Please refer this latest version of the NCC guideline. (The reference No.2; [https://www.nccn.org/professionals/physician\\_gls/pdf/pancreatic.pdf](https://www.nccn.org/professionals/physician_gls/pdf/pancreatic.pdf)) 2) Page 3 line 72; the definition of "Cure rate" is unclear. The reference used in this sentence discussed about the median overall survival of the FOLFIRINOX therapy. Please reconsider this sentence. 3) Page 4 line 74; For the patients with germline BRCA 1/2 mutations, the olaparib was recommended for the patients who have not progressed during first-line platinum-based chemotherapy. It is mentioned in the latest NCCN guidelines. Please reconsider the sentence that the gemcitabine/cisplatin is used for the patients with germline BRCA 1/2 mutations as a first-line chemotherapy. 4) Page 3 line75-77; Please show the evidence of the following sentence, as it may lead readers misunderstanding for the systemic chemotherapy for the advanced pancreatic cancer patients. "Despite the recent introduction of novel chemotherapeutic schemes, these treatments still relate with a poor long-term survival and significant ad interim systemic complications". [Methods] 1) Page 4-5; In the inclusion criteria, please refer which study designs were included in this review (i.e. Retrospective analysis, Case series/reports, Prospective cohort study). It may affect the impact of this review manuscript. 2) Page 4-5; In the inclusion/exclusion criteria, which pathological type of the tumor was included or excluded? Please refer the pathological type included in this study. [Results] 1) Page 5 line 124; the term "FOLFIRINOX" therapy is not a common term. It may indicate 5-FU based regimen (Wang-Gillam et al. Lancet. 2016 Feb



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6;387(10018):545-557. doi: 10.1016/S0140-6736(15)00986-1.). Please reconsider the term. [Discussion; Ablation Techniques- Physical Principles] 1) Page 6 line 139-145; the RFA system has both monopolar and bipolar system. The bipolar system of the RFA can reduce the heat sink effect and lower pancreatic injury (Testoni et al. Endosc Ultrasound. 2020 Mar-Apr; 9(2): 83-100. Published online 2020 Apr 15. doi: 10.4103/eus.eus\_74\_19). Please consider to add this point of view in the main text. [Discussion; Clinical study Radiofrequency Ablation] 1) Page 7 line 173-177; the reference guideline for the staging is not clear. Please cite the guidelines used for staging. If the multiple staging methods were used, please replace the term stage-III as “locally advanced pancreatic cancer” and stage-IV as “metastatic pancreatic cancer”. 2) Page 8 line 178-179; From the reference No. 43 and 44, it seems that there is not enough evidence of RFA for the upfront treatment, although the RFA may have a potential to be the one. Please reconsider the main text. 3) Page 9 line 219-222; It seems that the term “dimension reduction” is not commonly used. Please describe what the dimension reduction indicates. [Discussion; Microwave Ablation] 1) The complication rates of the MWA were varied among the studies retrieved in this manuscript. It may due to the heterogeneity of the studies retrieved. Please discuss this possibility. If the heterogeneity is observed, please describe specific information about the heterogeneity. [Discussion; Irreversible electroporation] 1) Page 11 line 174; It seems that the suitable target area should be 3-3.5 cm in diameter, not “mm”. Please reconsider the text. 2) Page 12 line 282-284; Reference No.6 reported a variety of complications. Please describe which is the main complications and which is the minor complications. [Discussion; Comments and future prospectives] 1) Page 16 line 385; There is a discussion whether we can consider that the ablation therapies for pancreatic tumor as a “safe technique” in terms of post-procedural complications (Linecker et al. Dig Surg. 2016;33(4):351-9. doi: 10.1159/000445021. Epub 2016 May 25). Please describe specifically the reason why the authors considered the technique as safe,



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since some complications are decrease the patients' quality of life. Minor points [Results] 1) Page 5 line 126: It seems there is mistyping. I think "simple size" should be "sample size". Page 5-6 lin126-133; The term "mayor complication rates" should be "major complication rates".



## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** Italy

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**Reviewer chosen by:** Han Zhang (Part-Time Editor)

**Reviewer accepted review:** 2021-03-29 07:04

**Reviewer performed review:** 2021-03-29 07:10

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This paper is a significant contribution, and I think the current revision can be accepted



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