

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 70312

Title: Prognostic value of preoperative enhanced computed tomography as a quantitative imaging biomarker in pancreatic cancer

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05776522

Position: Peer Reviewer

Academic degree: MD

Professional title: Attending Doctor, Doctor, Staff Physician

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2021-08-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-08-11 18:19

Reviewer performed review: 2021-08-18 05:37

Review time: 6 Days and 11 Hours

Scientific quality	<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 Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No
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SPECIFIC COMMENTS TO AUTHORS

I would like to congratulate the authors for their work on this research and compiling this manuscript. This study has provided good evidence of the prognostic value of preoperative enhanced CT, and has definitely added an effective tool in prognostication of pancreas cancer to the literature. The study is in need of minor language and grammatical polishing, but overall well done.

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Peer-review model: Single blind

Reviewer's code: 05752663

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Associate Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2021-08-03

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

[Methods] 1. This study was performed with a retrospective design. In real clinical practice, the timing that supposed to be taken for PV phase or PP phase scan may have some disparity when compared with the ideal timing. How do you convince that the CT protocol was performed by the exact way you explained in the method section? 2.

Furthermore, Is the statistical significance of TRER still maintained after the 17 patients that showed inverse enhancement patten of PV phase < PP phase as shown in Table 3 were excluded?

3. The authors described that the ROT (the region of the tumor) was delineated at the largest and most visible level. However, there could be variable enhancement pattern even within the same cancer mass. How did you deal with the heterogeneity CT texture within the same tumor mass of the same imaging slide? Furthermore, in such cases, how did you decide the measure point of the ROT?

4. Please describe the method to derived the cut-off value of the ROC in details in the method section.

[Results] 1. Based on the Table 1, this study included 29 patients with AJCC stage III which means that the patients had T4 and unresectable; however, all of the enrolled 67 patients had undergone surgical resection. Please explain this contradictory findings. 2. I am very curious about the tumor stage (AJCC) was not significant in multivariate analysis in Table 6.

Please show additional results of univariate and multivariate analysis after the tumor stage categorized into resectable and LAPD. Please add the additional results in the Table 4, 5, and 6. there are duplicate results in the Table 5 and Table 7. Furthermore, the statistical value was different even though the variable had the identical values. What is the correct statistical values?

Discussion] It is plausible to explain the prognostic value of TRER for the unresectable

patients with pancreatic cancer, because chemotherapeutic drugs could be well delivered in patients with relative high TRER which means that the vascularity are relatively sufficient when compared with low TRER. However, all of the 67 patients enrolled in this study had undergone surgical resection. Is it the real effect of the tumor nature that shows high TRER, or just a surrogates for another important factors such as nodal status, tumor size, and stage. Please discuss the meaning of TRER in resected patients.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05872759

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

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Scientific quality	<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
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Peer-reviewer statements	Peer-Review: [<input type="checkbox"/>] Anonymous [<input checked="" type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

The authors proposed a really interesting paper regarding quantitative analysis images in pancreatic cancer. All the main sections of the article (title, abstract, key words, background, methods, and results) seems to be adequate and the topic is very interesting. Just one minor issue to be reviewed: considering what in the scientific literature is currently available regarding radiomics and delta radiomics in pancreatic cancer, in the discussion can be useful to add some consideration regarding the delineation of the region of interest. The authors specified in fact that they considered only the largest axial image of the tumor and only some random area of the healthy pancreas, but in scientific literature whole volume quantitative analysis is currently available. I think that the author should consider to discuss this topic.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 05752663

Position: Peer Reviewer

Academic degree: MD, MSc

Professional title: Associate Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

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Reviewer chosen by: Jia-Ping Yan

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Language quality	<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
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Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

In general, correlation analysis such as Pearson and Spearman's correlation analysis requires at least one side variable of numerical data. But, in Table 7, there are many statistics performed only with categorical data. Thus, I think the analyzing method seems to be inappropriate, especially for the part where the analysis was conducted only with categorical variables. Furthermore, If the authors want to perform correlation analysis, please present the results with graph and correlation co-efficient.