

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 76801

Title: Clinical Characteristics and Outcomes in CA 19-9 Negative Pancreatic Cancer

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03026587 Position: Peer Reviewer

Academic degree: FRCS, FRCS (Gen Surg), MBChB

Professional title: Senior Lecturer, Surgeon

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: Romania

Manuscript submission date: 2022-03-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-01 14:14

Reviewer performed review: 2022-04-06 00:18

Review time: 4 Days and 10 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [] Anonymous [Y] Onymous



7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568

E-mail: bpgoffice@wjgnet.com **https:**//www.wjgnet.com

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

SPECIFIC COMMENTS TO AUTHORS

This is an important review on the outcome of pancreatic cancer when there is a negative or normal CA19-9 compared to elevated CA19-9. The paper try to narrow down differences in symptoms between the 2 groups and most significant findings was abdominal pain and larger tumour size in elevated CA19-9 while smaller tumour and slightly better prognosis in patients with normal CA19-9. Study design methods and results are done well. The article highlight the importance of othe tumour markers such as CEA and CA125 to be done in particular with normal CA19-9 The main limitation of the study is the sample size and the lack of Lewis antigen genotyping that would have improved the power of the study I note the references lack DOI My question to authors: despite the cancer being resectable in nearly 14% in group A compared to 7% in group B the 6 months survival was not significantly higher in group A?



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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: Romania

Manuscript submission date: 2022-03-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-07 13:11

Reviewer performed review: 2022-04-10 21:06

Review time: 3 Days and 7 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
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Baishideng **Publishing**

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SPECIFIC COMMENTS TO AUTHORS

The authors have done a great job with this study. The manuscript is well written, but significant language and grammar polishing is required. Also, would suggest adding another table to discuss outcomes, complications and histopathological characteristics between the two groups.



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Reviewer's code: 05569437 Position: Editorial Board Academic degree: MD, PhD

Professional title: Adjunct Professor, Attending Doctor, Postdoctoral Fellow, Surgical

Oncologist

Reviewer's Country/Territory: Italy

Author's Country/Territory: Romania

Manuscript submission date: 2022-03-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-07 17:11

Reviewer performed review: 2022-04-16 10:07

Review time: 8 Days and 16 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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https://www.wjgnet.com

Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

In this retrospective single center study, the authors investigated clinical characteristics and oncologic outcomes of patients affected by PDAC, according to CA19.9 values (less versus equal/higher than 37). They found that patients with elevated CA19.9 were more often symptmatic at the diagnosis, had a higher tumor burden, and had a poorer prognosis, compared to patients with low CA19.9. The existing literature concerning the association beween CA19.9 value at diagnosis and prognosi of PDAC shows in the majority of cases longer survivals among patients with low CA19.9 values. manuscript is well written, the introduction is interesting and exhaustive, the methodology comprensively and results reported, the conclusions well balanced. However, I have some comments: the study title should indicate the retrospective single center nature of the study according to strobe statements (the study setting is arguable, but not described, in the abstract). In the methods, paragraph "study design and patients epopulation, the acronim IAP should be replaced by the non abbreviated version of the term". the sentence about grouping of tumors according to the location should be rewwritten because is not clear. Major comments regard the discussion: except for the first paragraph, in which the authors resume the study results, the remaining discussion uniquely contains results from studies previously published on this issue. In the discussion, the authors should also comment their results and interpret such results taking into account available literature and creating comparison with it. Given that the manuscript focus has already been analyzed by many studies, the authors should try to identify and discuss peculiarities of their study, in order to make their study results more interesting. IN particular, the paragraph reporting on the



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prognostic role of additional biomarkers among patients with no elevation of CA19.9 seems inappropriate, given that the authors did not perform a subanalysis focused on patients with CEA-Ca125 + patients: Could such subanalysis be performed? Maybe it may add to the study. Similar, spaeking extensively about the prognostic role of Lewis antigen status, without having such status assessed in this manuscript, is confusing.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 05569437 Position: Editorial Board Academic degree: MD, PhD

Professional title: Adjunct Professor, Attending Doctor, Postdoctoral Fellow, Surgical

Oncologist

Reviewer's Country/Territory: Italy

Author's Country/Territory: Romania

Manuscript submission date: 2022-03-31

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2022-06-06 09:16

Reviewer performed review: 2022-06-06 18:16

Review time: 8 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
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SPECIFIC COMMENTS TO AUTHORS

the authors have adequately responde to my questions / suggestions, however I still have somme comments concerning the discussion: the new sentence added at the beginning of the discussion (. This could be explained by triggering of imaging studies in patients with elevated CA 19-9 leading to an early stage diagnosis and thus a better prognosis, while in patients with negative CA 19-9 further investigations are often deferred due to lack of concern, leading to delayed diagnosis in advanced stages and poorer prognosis.) contains contrasting concepts and as such is confusing: please correct it. In addition, keeping in mind the study limitations (small number of included patients leading to non-significant difference in the majority of comarison between Ca19.9 pos and neg patients, and relative lack of novelty comapred to previous published studies), I really invite the authors to make an effort aiming at discussing more in depth their results, trying to develop and enhance them. I do not see this in the revised version of the discussion yet.