

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34647

Title: Different clinical presentations of metachronous pulmonary metastases after resection of pancreatic ductal adenocarcinoma. Retrospective study and review of the literature.

Reviewer's code: 03397121

Reviewer's country: Germany

Science editor: Ze-Mao Gong

Date sent for review: 2017-05-16

Date reviewed: 2017-05-21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The manuscript by Martin Lovecek and colleagues analyzes the outcome of metachronous pulmonary metastases after resection of pancreatic ductal adenocarcinoma. It is a retrospective study on 159 consecutive patients operated on between 2006 and 2013. The authors show that patients with isolated pulmonary metastases (oligometastases and multiple metastases) had better survival compared to metachronous pulmonary metastases with other metastases or non-pulmonary metastases. This is an interesting, valid, and well written analysis. There are a few points, the authors might want to address: • "One-hundred and fifty patients (94.2%) were operated with R0 resection". This is an impressive rate of R0 resections, especially considering that the Leeds protocol was utilized. How can the authors explain this high rate? • As the authors state and discuss, only 5 patients had isolated lung metastasis, and only 3 could be considered candidates for surgery. Any statistical analysis is critical



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in this setting. The authors should further tone down their conclusions. • The discussion is rather long and could be shortened.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34647

Title: Different clinical presentations of metachronous pulmonary metastases after resection of pancreatic ductal adenocarcinoma. Retrospective study and review of the literature.

Reviewer's code: 02941357

Reviewer's country: Netherlands

Science editor: Ze-Mao Gong

Date sent for review: 2017-05-16

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Hereby I would like to comment on the article entitled: "Different clinical presentations of metachronous pulmonary metastases after resection of pancreatic ductal adenocarcinoma. Retrospective study and review of the literature" by the authors Martin Lovecek et al. The authors present a retrospective analysis of the prevalence and treatment of solitary pulmonary metastasis after curative surgery for pancreatic adenocarcinoma. This study has been well-written and performed well. Comments: 1. As the authors point out the low number of patients that had metachronous pulmonary metastases following curative treatment for pancreatic adenocarcinoma is an important limitation. Although the effort of the authors to further characterize this group need to be appreciated, I think it is not possible to draw any conclusion from this or relate it to a specific treatment protocol. Surgery was undertaken in these patients with success and I think that the most important message is that it can be considered, but this has to be



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outweighed for each patient on an individual basis. 2. The number of Tables and figures may be reduced to improve readability 3. In the discussion, results are frequently repeated, I would limit this. Furthermore, the discussion can be compacted.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34647

Title: Different clinical presentations of metachronous pulmonary metastases after resection of pancreatic ductal adenocarcinoma. Retrospective study and review of the literature.

Reviewer's code: 02543990

Reviewer's country: United States

Science editor: Ze-Mao Gong

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Pancreatic cancer is a very aggressive disease with high incidence of developing metastasis and limited therapeutic options. This retrospective study reported different clinical presentations of metachronous pulmonary metastases in a cohort of patients underwent a curative -intent surgery from one institute. One of the interesting findings is that patients with metachronous isolated oligometastases could be considered candidates for surgery, and two patients who were radically operated are both currently alive more than one year without recurrence, suggesting that there is still therapeutic option for PDAC patients with presentations of metachronous pulmonary metastases. Minor issue: Tables 1-5 should be organized in the format required by the journal.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 34647

Title: Different clinical presentations of metachronous pulmonary metastases after resection of pancreatic ductal adenocarcinoma. Retrospective study and review of the literature.

Reviewer's code: 02860797

Reviewer's country: China

Science editor: Ze-Mao Gong

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COMMENTS TO AUTHORS

The authors studied a special subgroup of PDAC patients who suffered from metachronous pulmonary metastasis after surgery in a Central European population. They identified three different patterns of metachronous pulmonary metastasis and found much better prognosis in such subgroup compared to non-pulmonary metastatic patients. This clinical finding is important and valuable to clinical practice. Moreover, the study indicates the needs of identifying this subgroup beforehand and will guide future basic studies in the relevant field. The manuscript is generally well organized, and I have only some minor comments. 1. The reason that female has high risk of metachronous pulmonary metastasis should be discussed. 2. In table 1 and related text, the neoadjuvant and adjuvant therapies should be specified. Were they radiotherapy, chemotherapy, or others? 3. In the Methods, why only cases with R2 resection were excluded? What about R1 resection? 4. The authors implicated a possible association

between PDAC in the head of pancreas and higher metachronous pulmonary metastasis as well as higher incidence of perineural invasion of the tumors. This possibility also needs further discussion. 5. The authors stated, "PDAC patients with MPM exhibit a metastatic pattern consistent with the Paget hypothesis". The association between the metastatic pattern and the Paget hypothesis is not straightforward. Please explain this. 6. By saying "there is a subgroup of patients with metastatic PDAC who would benefit from surgical therapy", do the authors mean the subgroup is patients with metachronous pulmonary metastasis or one of the three scenarios mentioned in the text?