



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 45222

Title: Clinical benefit and tolerability of adjuvant intraperitoneal chemotherapy in patients who have received neoadjuvant chemotherapy for advanced ovarian cancer

Reviewer’s code: 00181208

Reviewer’s country: Canada

Science editor: Jin-Lei Wang

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Date reviewed: 2019-01-11

Review time: 16 Hours, 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a retrospective report of a small series of patients with ovarian cancer receiving IP chemotherapy post neo-adjuvant IV chemotherapy or with adjuvant IV chemotherapy in a community center. Some specific comments to improve the manuscript: - The title of



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the report is misleading as both adjuvant and neo-adjuvant IV chemotherapy patients are included and authors attempt to draw comparisons between them. - In results line 6-8 it is mentioned that patients had a stage II or III cancer. However in table 1 it is mentioned that 2 patients had stage IV. Authors should review and correct. In addition, it should be discussed why an IP approach was selected in patients with extra-abdominal disease. - Chemotherapy regimens use as described in table 3 should be further detailed i.e. with exact doses and schedules. As it stands the table is not very informative. I think that there is a lining error also in the table. The "others" regimen should be mentioned instead. What no IV means? Patients had oral chemotherapy? - Number and other information on subsequent lines of therapy should be provided. Of particular interest would be the use of bevacizumab or PARP inhibitors. - Regarding the patient with an endometrioid cancer (page 9), it is not clear why she was counted as a recurrence if histologies were clearly different. Instead the hysterectomy specimen should be reviewed for occult primary and counted as a second primary, even no endometrial primary is found. - Information on Ca125 and ascites should be included in table 1 if available. - It should be clarified whether BRCA mutations in table 1 refer to somatic or germline or both. Specific information on these patients such as specific type of mutation, whether in BRCA1 or BRCA2 and response to IP treatment would be of particular interest. - It is reported in table 4 that only one patient had catheter problems. This should be further commented as in phase 3 trials about 20% of patients had significant problems leading to discontinuation. Given that the main cause of not adopting more widely the IP approach is its invasive nature and impracticality this is of importance. Authors should further describe whether a specific type of catheter was used and any specific strategies used for maintenance and use of the catheter. - For the survival analysis, the number of patients lost to follow up should be reported. - The practice of prophylactic hydration is of interest. Adverse effects outcomes in those



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patients especially regarding prevention of renal injury should be reported. In addition, the criteria to order prophylactic hydration are of clinical interest (e.g. age, comorbidities).

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- The same title
- Duplicate publication
- Plagiarism
- No

BPG Search:

- The same title
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- Plagiarism
- No