Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 55512

Title: Comparison of Efficacy Between Adjuvant Chemotherapy and Chemoradiation Therapy for Pancreatic Cancer After R0 Resection: AJCC Stage-based Approach

Reviewer's code: 02543905
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's Country/Territory: Italy
Author's Country/Territory: South Korea

Manuscript submission date: 2020-04-03
Reviewer chosen by: AI Technique
Reviewer accepted review: 2020-04-05 18:40
Reviewer performed review: 2020-04-05 19:59
Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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 [ ] Grade B: Minor language polishing [Y] 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	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

First of all i congratulate I congratulate authors for the effort done in retrieving data, analyzing them and drafting the manuscript. The manuscript is substantially a retrospective study performed on a single institution database ad covering a long period of 13 years. The population of the study is of 355 patients that is fair enaough do draft some conclusion. The paper il written in a fair Language that needs a deep polishing by a native english speaker, the structure of the paper is concordant to journal guidelines, Stats are appropiated and bibliography is complete, updated e well cited. Furthermore, there are many issues that, in my pinion, need to be addressed First of all: in the text there are references to tables and figures that are not present in the file that i was allowed to download Mayor issues 1) Authors should better clarify the difference between Chemoradiation (CRT) and Radiotherapy plus systemic Chemotherapy since it appear to be the same thing. By reading through the text one may argue that CRT plus SCT means that patients received CT either during RT or as mantainance treatment after the iniztial one. This sound a bit confusing after all and needs to be clarified. Of course groups need to be renamed according to the treatment (i guess) as RT alone, CT alone and CRT. Furthermore, authors should clarify wich were the issues that addressed the choice of giving RT 45 - 55 Gy 6 to 8 weeks or 20 Gy for 10 consecutive days repeateddly. As written in the section "mats and Meths" it sounds somewhat arbitrary. 2)Chemotherapics administration associated to RT should be clarified for doses and treatment scheme 3)"the proportion of patients with a free margin of < tha 1 mm was highest in the CT alone group". Well this may be a major selection bias since it is well known that RT increases the local recurrence free survival for these patients and, in my opinion, this should be addresed in the discussion. Moreover i think that the issue "stage III local reccurrence should be considered according to the "locally advanced" instead of

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

the N2 condition. 4) comparing duration of treatment of CT and CRT with RT alone makes no sense at all The papers appears, to me, as a bit confused and definively lack of a structured organization of the study groups. Maybe for tyhe missing tables, some parts are really difficult to understand at the first read. while describing the results of each treatment i'd create some marked separation among groups and describe the resuls in the same groups according to eithe AJCC stage or disease free margin. After that i'd compare the resulst of a single group and related subgroups with Others. Minor issues: 1) in the abstract there is no mention to the secondary endpoints 2) Introduction is far too long and needs to be shortened and simplyfed. 3) Since you're dealing with cancer staging, the extent of linfadenectomy routinely perfoermed should be described In conlusion the paper deals with an open problem in oncologic surgery, it is well designed and well discussed. The number of patients is large enough to drive some conclusion with the obvious limit of the retrospective design. The major weakness of the study lies on the Language limits and a big confusion in the organization of results' description. maybe that this can be enhanced by the lack of the tables and figures, don't know. I think that this is an overall valuable study that might be taken into proper consideration for publication after addressing the outlined issues anyway not in the present form

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

Manuscript NO: 55512

Title: Comparison of Efficacy Between Adjuvant Chemotherapy and Chemoradiation Therapy for Pancreatic Cancer After R0 Resection: AJCC Stage-based Approach

Reviewer's code: 03091510
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Norway

Author's Country/Territory: South Korea

Manuscript submission date: 2020-04-03

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-04-03 13:38

Reviewer performed review: 2020-04-09 19:26

Review time: 6 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] 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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

Baishideng Publishing Group

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

SPECIFIC COMMENTS TO AUTHORS

Min Su You and coworkers present a study of a total of 335 patients who underwent resection and adjuvant treatment for pancreatic cancer. Adjuvant therapy consisted of chemoradiation therapy (CRT), systemic chemotherapy (SCT), or combined treatment of chemoradiation plus chemotherapy therapy (CRT-SCT). For stage I-II disease overall survival did not differ. For 59 patients with stage III median overall survival in SCT group (19.0 months) and CRT-SCT group (23.4] months) was significantly longer than that in CRT group (17.7 months; P=0.011 and P<0.001, respectively). The study is well performed and nicely written and presents a large, single center experience on different adjuvant therapy regimens in resected pancreatic cancer. The adjuvant SCT and/or CRT regimen was determined by multidisciplinary discussions with each patient. Since the decision to undergo CRT, SCT or CRT-SCT was undertaken in an ''off-protocol'' setting in the study hospital, some information about the selection criterias for the three different adjuvant regimens in the authors institution should be presented in the Methods section. Please define R0 resection. 1 mm rule? How many patients underwent R1 resection at the study centre during the study period? In the Results section it s stated that 126 (37.6%) patients had a safety margin of less than or equal to 0.1 cm=R1 according to current definitons. Thus the title of the manuscript is misleading. Isn`t this paper actually describing both R0 and R1 resections? In the discussion the authors state that adjuvant treatment for pancreatic cancer is not yet standardized. mFOLFIRINOX is now the preferred adjuvant regimen in fit patients in current international guidelines from NCCN, European Society for Medical Oncology, and American Society of Clinical Oncology (ASCO). Alternatively, doublet therapy with gemcitabine and capecitabine or monotherapy with gemcitabine or 5-fluorouracil plus leucovorin can be offered. Patients given CRT-SCT in the current study were younger

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

and had better performance status than the other two groups. In light of the recent PRODIGE study would mFOLFIRINOX be considered as adjuvant regimen in the study hospital for these patients? ESPAC-1 (reference 22, RCT) showed that adjuvant chemotherapy had a significant survival benefit in patients with resected pancreatic cancer, whereas adjuvant chemoradiotherapy had a deleterious effect on survival when radiotherapy is given before chemotherapy. Of note, the two studies cited in favor of adjuvant CRT (reference 13 and 24) are not randomized clinical trials as ESPAC-1.