



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 64062

Title: Minimally Invasive Image-Guided Therapy of Primary and Metastatic Pancreatic Cancer

Reviewer's code: 05268902

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Research Scientist, Attending Doctor, Instructor, Lecturer, Surgeon

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2021-02-09

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-02-28 00:39

Reviewer performed review: 2021-03-07 03:07

Review time: 7 Days and 2 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 Grade E: Do not publish |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 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 checked="" type="checkbox"/> Accept (General priority) <input 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 | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous |



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statements

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

SPECIFIC COMMENTS TO AUTHORS

good



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 64062

Title: Minimally Invasive Image-Guided Therapy of Primary and Metastatic Pancreatic Cancer

Reviewer's code: 03262127

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Surgeon

Reviewer's Country/Territory: Russia

Author's Country/Territory: United States

Manuscript submission date: 2021-02-09

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-04-02 10:38

Reviewer performed review: 2021-04-06 08:35

Review time: 3 Days and 21 Hours

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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 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 |
| Peer-reviewer statements | Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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SPECIFIC COMMENTS TO AUTHORS

The reviewed paper is of very good quality. However, there are some minor grammatical and spelling errors in the text. stage 4 pancreatic cancer (Page 4) - stage IV is right. This is one of the disadvantage of RFA (Page 5) - disadvantages is right. treatment which included systemic chemotherapy and/or, radiation (Page 6) - comma should be removed. Iearidi reported 100% technical success in 5 patients (Page 8) - Ierardi is right. The local recurrence was first treated with SBRT which provided local control (Page 8) - the abbreviation SBRT should be explained in full. Six patients (12.2%) developed acute pancreatitis, one of them were considered as severe (Page 10) - "in one case it was considered..." is right. 1500 to 3,000 V (Page 10) - in text, a visible quadrate symbol before letter V is present. To be corrected. patients with larger than 4 cm pancreatic tumor were excluded study (Page 11) - "excluded from the study" or simply "excluded" is right. The IRE probe placements often performed transgastric or transduodenal approach (Page 12) - "via transgastric..." is right. A recent systemic review[63] (Page 14) - systematic is right. At this point, the relationship between metal stent and IRE complications are not fully understood (Page 15) - "relationships" is right. The authors found that TACE prolongs survival and improve quality of life (Page 18) - maybe "improves" is better. In Titles of Tables 7 and 8, a word "transarterial" will be capitalized.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 64062

Title: Minimally Invasive Image-Guided Therapy of Primary and Metastatic Pancreatic Cancer

Reviewer's code: 05130847

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Surgeon, Surgical Oncologist

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2021-02-09

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-04-01 16:26

Reviewer performed review: 2021-04-11 15:53

Review time: 9 Days and 23 Hours

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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 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 checked="" type="checkbox"/> Accept (General priority) <input 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 checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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SPECIFIC COMMENTS TO AUTHORS

PDAC is a challenging malignancy with limited treatment options and poor life expectancy. During the last decade new therapeutic options arose with the advancement of minimally invasive technologies to treat PDAC patients. The authors summarize new ablative options for patients with LAPC and percutaneous liver-directed therapies for patients with liver-dominant metastatic disease, including radiofrequency ablation, microwave ablation, cryoablation and irreversible electroporation. As the author points out, the data presented that the minimally invasive ablative technologies demonstrated only modest improvement in overall survival of patients with LAPC and patients with metastatic pancreatic cancer and most of the new treatment options are in the experimental phase and only performed by large-volume centers. The results of ablative techniques still need more clinical validation.