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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 66939

Title: T cells in pancreatic cancer stroma

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01171900
Position: Peer Reviewer
Academic degree: PhD
Professional title: Professor
Reviewer's Country/Territory: Australia
Author's Country/Territory: United Kingdom

Manuscript submission date: 2021-02-01

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-02-01 11:24

Reviewer performed review: 2021-02-13 01:02

Review time: 11 Days and 13 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

In this manuscript the authors review the role of T cells in pancreatic cancer and discuss the factors that interact with T cells in the tumour microenvironment. In addition, the paper briefly presents the strategies for targeting the dysregulated T cell in pancreatic cancer. This is a well-presented and easy to understand review. Queries and comments to improve the manuscript: • The 5-year survival of less than 8% is probably true in UK but not in other countries, in addition reference 1 is a bit outdated. • In the immune landscape, the authors present the role of KRAS in driving the inflammatory reaction and recruitment of other immunosuppressive myeloid and lymphoid subsets. It would be interesting to known how other mutations, found at various stages of pancreatic cancer progression, complement immune dysfunction ultimately resulting in an immunosuppressive microenvironment. • What is the status of T cells in pancreatitis, a known precursor of pancreatic cancer? Is there any correlation with the progression to pancreatic cancer in the 5% of pancreatitis subjects that develop it? • Although the authors have provided a good figure at the end, a table comparing the normal function of the various types of T cells to their roles in pancreatic cancer setting would help the reader to a better understanding. • The authors have documented the current therapies and the associated problems very well. Are there any ongoing clinical trials worth mentioning that are targeting the T cells as a part of the pancreatic cancer therapy? • Figure 1 is not mentioned in the text. • Since the authors highlight how the cancer microenvironment affects T cells in PDAC, are there studies indicating how targeting the stroma improves the T cell function in PDAC patients? If so, can this approach be combined with T cell-based therapy to yield better results?