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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 68284

Title: CT-based Radiomic to Predict Resectability in Locally Advanced Pancreatic Cancer Treated with Intensive Chemotherapy and Ablative Radiation Therapy

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05665137

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2021-05-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-20 01:59

Reviewer performed review: 2021-05-21 10:08

Review time: 1 Day and 8 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



**Peer-reviewer
statements**

Peer-Review: [] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

In this study, CT Radiomics was used to predict whether pancreatic cancer could be resected after neoadjuvant therapy, and a significant AUC value was obtained. This paper is novel and has important clinical value. However, there are still some problems.

1.Title: "Treated with Risk Adapted Ablative Radiation Therapy" or "Neoadjuvant chemoradiotherapy"? 2.A total of 71 cases were included in this study, of which 32 underwent exploratory laparotomy and 19 underwent surgical resection. So there were 19 cases in the resectable group and 62 cases in the unresectable group? Please clarify.
3.Does this study only include pancreatic ductal adenocarcinoma? 4.What clinical data were included? What is the predictive power of clinical data? Whether combine clinical data with radiomics feature can lead to an improved predictive power? 5.The abstract method part mentioned "The discriminating performance of each model". How many models have been built in this study? Isn't there just one model? 6.The results of the summary are too lengthy and need to be condensed. 7.After applying the validated model to the entire dataset, the effectiveness of the model in the entire dataset should be obtained. How did the author get the last four features? 8."Entire dataset" refers to the dataset containing the training set and the validation set. Why the AUC value bigger than the training set and the validation set?



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

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Reviewer's code: 00537002

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Italy

Manuscript submission date: 2021-05-17

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-19 09:07

Reviewer performed review: 2021-05-25 07:13

Review time: 5 Days and 22 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



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**Peer-reviewer
statements**

Peer-Review: [] Anonymous [] Onymous

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

SPECIFIC COMMENTS TO AUTHORS

The authors described that new radiomic model based on CT- radiomics could help predict resectability in LAPC treated with neoadjuvant therapy, suggesting a promising role in the context of a complex long-course downstaging, challenging the indication to surgery. This article is very interesting and valuable for pancreatic cancer treatment. Major limitation 1. radiomic feature extraction should be more precisely explained by using figures. 2. The pathological findings of surgical resected specimens should be evaluated by comparing with radiomic model based on CT.