

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 74972

Title: Characterizing the Patient Experience during Neoadjuvant Therapy for Pancreatic Ductal Adenocarcinoma: A Qualitative Study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06108018

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Viet Nam

Author's Country/Territory: United States

Manuscript submission date: 2022-01-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-16 10:44

Reviewer performed review: 2022-01-25 12:24

Review time: 9 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" 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 Grade E: Do not publish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="radio"/>] Anonymous [<input type="radio"/>] Onymous Conflicts-of-Interest: [<input type="radio"/>] Yes [<input checked="" type="radio"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Very nice and interesting topic. I have several questions to make it clearer. 1. In the inclusion criteria, "patients >18 y/o" were included. Since most patients are elderly people and the youngest patients were 52 y/o, I think that you should change the criteria to elderly patients 2. Did you interview the patients at the same timeline (for example 1/2/3 period of NT). Is there any differences if they are at the end of NT and at the beginning of NT? 3. Who consulted the patients (surgeon, oncologist, nurse)? Who planned the treatment strategy to the patients? 4. Did the patient have any support from relative or social groups/society? 5. Could you please provide more information about the financial status of these patients (e.g. low income, in debt...)? How much did the treatment cause?

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Reviewer's code: 03415391

Position: Peer Reviewer

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Australia

Author's Country/Territory: United States

Manuscript submission date: 2022-01-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-26 00:31

Reviewer performed review: 2022-02-03 08:44

Review time: 8 Days and 8 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 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
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SPECIFIC COMMENTS TO AUTHORS

The manuscript focusses on better understanding of PDAC patient experience undergoing neo-adjuvant therapy. This study has utilized qualitative approach and is focusing on five major themes: physical symptoms, emotional symptoms, access to care, coping and support mechanism and life factors. Comments for authors: 1. This manuscript uses broad qualitative approach to address the gap PDAC patient experience during neo-adjuvant therapy. 2. The authors recognize the limitation of sample size which prevents general application to all PDAC patients. However the lack of sample size, and limited patients per strata of PDAC defined (BR, LA, and PR) invalidates the overall results of the study. 3. Under the section interview guide and process, the authors mention the open-ended nature of the interview. I would suggest the authors to provide an interview guide. Kindly refer the following example paper: Citation: Beaver K, Williamson S, Briggs J. Exploring patient experiences of neo-adjuvant chemotherapy for breast cancer. Eur J Oncol Nurs. 2016 Feb;20:77-86. doi: 10.1016/j.ejon.2015.06.001. Epub 2015 Jun 13. PMID: 26078034. 4. The authors have conducted telephonic interview in a single time. I was wondering if a face to face in depth interview was feasible, would the conclusion be different. In addition, is it possible for the authors to conduct multiple interviews (during NT, after NT follow up, surgical NT follow up) to grasp a better understanding of the patient experience undergoing NT. 5. Under the data analysis section in the methods, the authors state: "All discrepancies were discussed at team meetings until a consensus was reached". I was wondering if the authors could describe the discrepancies in the methods/results. 6. I would suggest the authors to express the percentage proportion of the patient data collected in table 1 and in the

results with respect to the N value. 7. I was wondering if the authors could have a section in the results indicating how well the patients knew about PDAC, their stage of diagnosis and prognosis when the doctor recommended NT. 8. I would recommend mentioning ethics approval code/number in the study. 9. The authors have thematized physical symptoms, emotional symptoms, access to care, coping and support mechanism and life factors. I am wondering if the following factors had an impact on the overall results and N number of the patients: - Did the stage of PDAC (LA, PR, BR) affect the physical and emotional symptoms experienced during NT? - Did different chemotherapeutic treatments affect the result themes? - Did the other diseases influence patient answers in the interview? - The authors in table 1 have not stated if any patient received counselling? I am wondering will this affect the overall results specifically emotional symptoms and coping and support mechanisms? - Did the major complications during NT affect the interview process? - Did age and gender have an effect on the interview answers? - How does nutrition/diet during NT affect the overall patient experience? 10. I would suggest the authors to sub-thematize the life factor section as it appears generalized such as financial support, other health problems, job and so on if possible based on the interview. 11. On page 12 in the discussion section, the authors mention: "While many have an inherent preference for upfront surgery", I am wondering how many patients felt this way and what factors influence it.