

Lian-Sheng Ma  
Company Editor-in-Chief  
Editorial Office  
Baishideng Publishing Group Inc  
*World Journal of Gastrointestinal Oncology*

Re: Manuscript NO.: 74972, Observational Study "Characterizing the Patient Experience during Neoadjuvant Therapy for Pancreatic Ductal Adenocarcinoma: A Qualitative Study"

Dear Professor Lian-Sheng Ma,

Thank you for your review of our above-referenced manuscript. We are pleased that the manuscript was found to be potentially acceptable for publication in *World Journal of Gastrointestinal Oncology*. As requested, we have provided a point-by-point response to the reviewer's comments with relevant highlighted changes made to the manuscript. A copy of the revised manuscript has been uploaded to the submission system.

---

---

**Reviewer #1**

*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.*

Response: Thank you very much for this comment. While we agree with the reviewer that the intent of neoadjuvant therapy differs for patients based on anatomic stage, the purpose of our study was to characterize the patient experience during neoadjuvant therapy (ie non-surgical therapy prior to curative-intent resection) more generally. Our sample size is consistent with prior qualitative work which aims to achieve theme saturation regarding a single common experience. Nevertheless, we agree with the reviewer's comment that the current study design did not allow us to detect differences among patients based on anatomic stage and this limitation is mentioned in the discussion section.

- 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.*

Response: Thank you very much for this suggestion. An interview guide has been uploaded as an appendix and the mentioned article is already cited in our manuscript.

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.*

Response: We appreciate the reviewer's question. The phone-based nature of the interviews was originally designed to reduce patient and research personnel exposure during the Covid-19 pandemic. Previous research has validated the use of telephone-based interviews for qualitative work. We have clarified this in the methods section. We also agree that our results could be influenced by the single time-point interview design of the study. This is mentioned as a limitation in the discussion section. Ongoing research by our team is evaluating the real-time longitudinal experience of patients during neoadjuvant therapy.

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.*

Response: Thank you very much for this question. We use the term 'discrepancies' to describe the instances when the two researchers disagreed in their independent coding of a sentence, phrase, or section of an interview. This routine analysis occurs commonly and is a standard part of qualitative analysis and therefore we do not have a recording of the number or content of these iterations. We have clarified this process in the methods section of the manuscript.

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.*

Response: Thank you for this suggestion; these changes have been made.

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.*

Response: We thank the reviewer for this suggestion and agree that it is an important concept. Indeed, it is well known that patients with advanced cancer have poor disease understanding and prognostic awareness. However, our interview guide focused on patient perceptions regarding neoadjuvant therapy and did not systematically explore patient understanding of their disease or prognosis.

8. *I would recommend mentioning ethics approval code/number in the study.*

Response: Thank you for this recommendation. The number has been added to the methods section.

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?*

Response: These are excellent questions and considerations. Information on demographics, disease stage, complications experienced, and receipt of psychosocial counseling has been added to the manuscript. Unfortunately, due to the qualitative nature of the study and the current sample size, we are unable to reliably explore differences in experience based on most of these factors. The need for education and instruction on nutrition was frequently expressed by patients.

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.*

Response: We appreciate the reviewer's suggestion. Important sub-themes within the "Life factors" theme included work, financial situation, activities of daily living, and general health. As described in the results section, important relationships between the sub-themes were also observed.

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.*

Response: Thank you for this question. In the results section we clarify that "... others (n=4) expressed that they had hoped to avoid chemotherapy and undergo upfront surgery." Unfortunately, given the small numbers we are unable to explore the specific reasons that influenced these preferences but this is the subject of other ongoing research by our group.

## **Reviewer #2**

*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*

Response: Thank you very much for this comment. We have modified the manuscript to clarify that no age or other restrictions were used for study eligibility.

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?*

Response: Thank you for this question. This information is reported in Table 1. Since interviews could be scheduled any time during neoadjuvant therapy, we agree that our results could be influenced by the single time-point interview design of the study. This is mentioned as a limitation in the discussion section. Ongoing research by our team is evaluating the real-time longitudinal experience of patients during neoadjuvant therapy.

3. *Who consulted the patients (surgeon, oncologist, nurse)? Who planned the treatment strategy to the patients?*

Response: All treatment decisions at our institution are made at a pancreatic cancer specialty specific multidisciplinary clinic. Some patients had previously been evaluated at other hospitals and were then referred to our institution. This information has been added to the manuscript.

4. *Did the patient have any support from relative or social groups/society?*

Response: Thank you very much for this question. We have included this information in the Results section under Patient Experience during Neoadjuvant Therapy. In the Coping & Support Mechanism

section we state: “The main coping and support mechanism cited by most patients (n=10) was support from family members. Tangible aspects of support included family members and friends offering rides to appointments, discussing different treatment options, helping with coordinating care and reaching out to the medical team, as well as helping with chores around the house.”

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?*

Response: While data on specific financial status of patients (e.g. median income, etc) is not available, we have added insurance status, which is an important measure of health care access, to our study results. Financial toxicity occurring during cancer treatment is an important area of research and will be further explored in ongoing studies.

***Company Editor-in-Chief***

*I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Oncology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.*

Response: Thank you very much for the review of our manuscript. All figures are organized into a single PowerPoint file and tables are formatted according to the guidelines.

---

We sincerely appreciate the reviewers' careful review of our manuscript and their thoughtful comments. It is our hope that these data will be used to design future clinical research and develop interventions to improve quality of life and outcomes of patients with pancreatic cancer.

Once again, we sincerely appreciate the time and effort of the editorial team in reviewing our manuscript. If we can help answer any additional questions regarding this manuscript, please do not hesitate to contact us.

Sincerely,

Jordan M. Cloyd, MD  
On behalf of all authors