

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Oncology*

**Manuscript NO:** 79010

**Title:** Demographic and Ethno-racial Risk Factors for Patients Admitted with Chronic Pancreatitis and Pancreatic Ductal Adenocarcinoma.

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05083802

**Position:** Editorial Board

**Academic degree:** DNB, MBBS, MCh, MS

**Professional title:** Additional Professor

**Reviewer's Country/Territory:** India

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-07-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-02 17:21

**Reviewer performed review:** 2022-08-11 12:59

**Review time:** 8 Days and 19 Hours

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 Grade E: Do not publish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 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



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<b>Peer-reviewer statements</b>	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**

Authors have studied the ethno-racial risk factors for CP and its association with PDAC from the national database. In addition to the limitations mentioned in the study authors should highlight that 1. Incidence of PDAC in CP is related to etiology of CP. Risk is significantly higher in hereditary pancreatitis than with alcohol related pancreatitis. As the etiology is not captured in the database it might introduce bias 2. Duration of CP not mentioned as longer history associated with increased risk 3. Findings may be applicable only to the population studied and cannot be generalized

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**Reviewer's code:** 05123031

**Position:** Editorial Board

**Academic degree:** Doctor, MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-07-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-12 00:55

**Reviewer performed review:** 2022-08-22 07:09

**Review time:** 10 Days and 6 Hours

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 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

<b>Peer-reviewer statements</b>	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

Manuscript Number: 79010 Title: Demographic and Ethno-racial Risk Factors for Patients Admitted with Chronic Pancreatitis and Pancreatic Ductal Adenocarcinoma

There is no doubt that chronic pancreatitis and pancreatic ductal adenocarcinoma have been inextricably linked. The study of the association between chronic pancreatitis and pancreatic ductal adenocarcinoma is helpful for the prevention of pancreatic ductal adenocarcinoma. The authors analyzed the risk of chronic pancreatitis and pancreatic ductal adenocarcinoma based on demographic and ethno-racial risk factors. The primary aim was to evaluate the ethno-racial risk factors for chronic pancreatitis and its association with pancreatic ductal adenocarcinoma. The secondary aim was to evaluate hospitalization outcomes in patients admitted with chronic pancreatitis and pancreatic ductal adenocarcinoma. Here are some suggestions I made after carefully reading the complete article: 1. The data in the manuscript are from the USA population, so the authors should include "USA" in the title so that readers can more directly understand that this work is based primarily on a USA population study. 2. This sentence is ambiguous and even confusing, and the author should have made it more reasonable. "Hospital admissions for CP was 29 per 100,000, and 2,890 (0.78%) had PDAC." 3. This is a confusing statement. Why "On the contrary"? There is no opposite result in the results? "On the contrary, white men older than 40 years old and overweight with higher income were found to have significant associations with CP and PDAC." 4. In the conclusion, the meaning of this sentence is rather far-fetched. From this study, it is not accurate to conclude that there are "underlying differences in healthcare access and utilization among different socioeconomic and ethno-racial groups ", unless the authors

were able to rule out that there are no differences in chronic pancreatitis and pancreatic ductal adenocarcinoma between black and white races. “This discrepancy may reflect underlying differences in healthcare access and utilization among different socioeconomic and ethno-racial groups.” I hope the author can give reasonable and comprehensive responses to the above issues Overall, I think this is a worthy study that has important implications about chronic pancreatitis and pancreatic ductal adenocarcinoma.

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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05195693

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Associate Professor, Surgeon

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-07-28

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-08-12 04:34

**Reviewer performed review:** 2022-08-23 03:03

**Review time:** 10 Days and 22 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 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 type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input checked="" type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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<b>Peer-reviewer statements</b>	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**

Read through the whole article, I can see that the author had put a lot of effort into this research. However, due to the limited database information and the short observation period, the readers can get very limited valuable information in this article.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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**Reviewer's code:** 05123031

**Position:** Editorial Board

**Academic degree:** Doctor, MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** United States

**Manuscript submission date:** 2022-07-28

**Reviewer chosen by:** Jia-Ru Fan

**Reviewer accepted review:** 2022-09-09 07:06

**Reviewer performed review:** 2022-09-10 00:49

**Review time:** 17 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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



**statements**Conflicts-of-Interest: [ ] Yes [ **Y** ] No**SPECIFIC COMMENTS TO AUTHORS**

The author did not give a detailed reply to the reviewer's modification suggestions. The author should reply to the revision suggestions of the reviewer one by one. I hope the author will give a full and detailed reply to the review comments again. There is no doubt that chronic pancreatitis and pancreatic ductal adenocarcinoma have been inextricably linked. The study of the association between chronic pancreatitis and pancreatic ductal adenocarcinoma is helpful for the prevention of pancreatic ductal adenocarcinoma. The authors analyzed the risk of chronic pancreatitis and pancreatic ductal adenocarcinoma based on demographic and ethno-racial risk factors. The primary aim was to evaluate the ethno-racial risk factors for chronic pancreatitis and its association with pancreatic ductal adenocarcinoma. The secondary aim was to evaluate hospitalization outcomes in patients admitted with chronic pancreatitis and pancreatic ductal adenocarcinoma. Here are some suggestions I made after carefully reading the complete article: 1. The data in the manuscript are from the USA population, so the authors should include "USA" in the title so that readers can more directly understand that this work is based primarily on a USA population study. 2. This sentence is ambiguous and even confusing, and the author should have made it more reasonable. "Hospital admissions for CP was 29 per 100,000, and 2,890 (0.78%) had PDAC." 3. This is a confusing statement. Why "On the contrary"? There is no opposite result in the results? "On the contrary, white men older than 40 years old and overweight with higher income were found to have significant associations with CP and PDAC." 4. In the conclusion, the meaning of this sentence is rather far-fetched. From this study, it is not accurate to conclude that there are "underlying differences in healthcare access and utilization among different socioeconomic and ethno-racial groups", unless the authors

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