

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 81484

Title: Risk of pancreatic cancer in individuals with celiac disease in the United States: A population-based matched cohort study

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03537453

Position: Editorial Board

Academic degree: MD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2022-11-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-11-12 00:00

Reviewer performed review: 2022-11-13 08:29

Review time: 1 Day and 8 Hours

| Scientific quality | [] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish |
|--------------------|---|
| Language quality | [Y] Grade A: Priority publishing [] 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 |
|---------------|---------------------------------------|
| statements | Conflicts-of-Interest: [] Yes [Y] No |

SPECIFIC COMMENTS TO AUTHORS

Manuscript NO: 81484 Title: Risk of Pancreatic cancer in Individuals With Celiac Disease in the United States: A Population-Based Matched Cohort Study Summary: The objective of this paper was to investigate the magnitude of the risk of pancreatic cancer (PC) associated with celiac disease (CD) from large populations in the United States. A population-based, multicenter, propensity score-matched cohort study was conducted using well designed methods and statistical analyses. A total of 389980 patients were identified for this study. Among them, 155877 patients were identified to have CD, and the remaining 234103 individuals without CD were considered a control cohort. The results revealed that patients with CD were at increased risk of PC. Risk elevation persisted beyond the first year after diagnosis to reference individuals without CD from the general population. This is a well written article. Some Specific concerns: 1.In the "Introduction" section: Of "In the two most recent matched studies that included data on PC risk in CD, a higher risk of PC diagnosis was observed in CD patients; however, discordant results were obtained regarding whether PC risk persists long-term after CD diagnosis [5]."-----Only one reference available. Please add another one, and more details had better be added for the "discordant results". 2.In the "Discussion" section: Of "In the reports by Lebwohl et al. and Ladgren et al., an adjusted Hazard ratio of 1.98 (1.29-3.06) and 2.27 (1.22-4.23) were described; and we noted HRs of 1.29 and 1.56 for PC in our cohort of CD patients [4,9]."-----Please check "Lebwohl et al. and Ladgren et al", "1.98 (1.29-3.06) and 2.27 (1.22-4.23)" and [4,9]. 3.In the "Discussion" section: "Our results are largely consistent with prior observations of elevated PC risk in CD."-----references should be given. 4.In the "Discussion" section: sone more address



should be added to the "Strengths and Limitations", such as----not exclude or associated with "patients with other severe diseases (chronic diarrhea, chronic gastritis, peptic ulcer, abnormal bowel flora, SLE, liver cirrhosis, renal failure, chronic obstructive pulmonary diseases, IgG4-related disease, immune deficiency syndrome, some endocrine syndrome, and so on)", for there many other factors may associate with the PC. 5. In the "Abstract" section: Of "CONCLUSION: In this large propensity-matched analysis, we observed that patients with CD were at increased risk of PC. Risk elevation persisted beyond the first year after diagnosis to reference individuals without CD from the general population. ", which had better be "CONCLUSION: Patients with CD are at increased risk of PC. Risk elevation persists beyond the first year after diagnosis to reference individuals without CD from the general population. ", or other appropriate expressions. 6. In the "Abstract" section: Of "Key Words: Celiac disease, Cancer; Epidemiology; Pancreas; Pancreatic cancer; Malignancy; Carcinoma", which may be "Key Words: Celiac disease; Epidemiology; Malignancy; Carcinoma; Pancreas; Pancreatic cancer",



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Reviewer's code: 02719046

Position: Peer Reviewer

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Tunisia

Author's Country/Territory: United States

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| Scientific quality | [] Grade A: Excellent [] Grade B: Very good [Y] 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) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection |
| Re-review | []Yes [Y]No |



| Peer-reviewer | Peer-Review: [Y] Anonymous [] Onymous |
|---------------|---------------------------------------|
| statements | Conflicts-of-Interest: [] Yes [Y] No |

SPECIFIC COMMENTS TO AUTHORS

In this manuscript the authors report a population-based cohort study about the risk of pancreatic cancer in individuals with celiac disease in the United States. The title reflects the main subject of the manuscript. The Introduction is well resourced and the subject is presented very well. The abstract summarizes and reflects the work described in the manuscript. The abstract is compatible with the main text. The keywords reflect the focus of the manuscript. The figures are ok. The references are up-to-date. Overall, this manuscript represents a useful contribution to the medical literature. The style, language and grammar are ok



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Peer-review model: Single blind

Reviewer's code: 01560543

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

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| Scientific quality | [] Grade A: Excellent [] Grade B: Very good [Y] 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 |
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SPECIFIC COMMENTS TO AUTHORS

Although personally I am do not like the topic of this article. I must congratulate the authors for successfully doing this research and confirming the finding that patients with CD were at increased risk of PC. The research is well done. Just some language problems and references problem. Language problem: 1. In the introduction section: "Nevertheless, despite the magnitude of the risk remaining debatable, the unequivocal association between CD and PC. " This sentence is incomplete and may lack a verb. 2. Methods Section: The sentence, "Details of the data source, quality checks, and diagnosis codes used for patient selection are described in the supplementary materials", appeared twice. 3. Study participants section: "All patients with the diagnosis of CD from January 1, 2005, to December 31, 2021, were identified." The word "identified" might replace as well. Because "TriNetX has received a waiver from Western IRB as it only provides de-identified information". 4. Baseline Characteristics section: "After PSM, both cohorts (134680 patients each) were well-matched and balanced (Supplementary Figure 1). However, compared with the CD cohort, the control cohort had a higher prevalence of rheumatoid arthritis (1.8% vs. 5.9%)." The word "However" should be rephrased. 5. Discussion section: "Patients with CD were found to have a modest excess risk of PC. Results indicate that CD is associated with an increased risk of PC." These two sentences look same to me. 6. Conclusions section. The last sentence, "Further, our study confirms that CD is associated with a significantly increased risk for pancreatic cancer." looks redundant to me. 7. There are several other minor language problems, such as what are BS and EMR. Language should be polised. Refences problems. 1. Introduction section: "In the two most recent matched studies that included data on PC



risk in CD, a higher risk of PC diagnosis was observed in CD patients; however, discordant results were obtained regarding whether PC risk persists long-term after CD diagnosis [5]." There is only one reference, which has the similiar findings with the present study. Reference should be added. 2. Discussion section: "Two hypothetical explanations have been proposed in the literature to explain this finding". Please provide references.