

7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA **Telephone:** +1-925-399-1568 **E-mail:** bpgoffice@wjgnet.com https://www.wjgnet.com

## PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 86186

Title: Developments and challenges in neoadjuvant therapy for locally advanced

pancreatic cancer

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03372482 Position: Editorial Board Academic degree: MD, PhD

Professional title: Academic Research, Assistant Professor, Associate Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: China

Manuscript submission date: 2023-06-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-06-10 05:45

Reviewer performed review: 2023-06-10 05:50

Review time: 1 Hour

	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C:
Scientific quality	Good
	[ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair
this manuscript	[ ] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [ Y] Onymous  Conflicts-of-Interest: [ ] Yes [ Y] No

## SPECIFIC COMMENTS TO AUTHORS

Pancreatic ductal adenocarcinoma (PDAC) remains a significant public health challenge and is currently the fourth leading cause of cancer-related mortality in developed countries. Despite advances in cancer treatment, the 5-year survival rate for patients with PDAC remains less than 5%. In recent years, neoadjuvant therapy (NAT) has emerged as a promising treatment option for many cancer types, including locally advanced PDAC, with the potential to improve patient outcomes. To analyze the role of NAT in the setting of locally advanced PDAC over the past decade, a systematic literature search was conducted using PubMed and Web of Science. The results suggest that NAT may reduce the local mass size, promote tumor downstaging, and increase the likelihood of resection. These findings are supported by the latest evidence-based medical literature and the clinical experience of our center. Despite the potential benefits of NAT, there are still challenges that need to be addressed. One such challenge is the lack of consensus on the optimal timing and duration of NAT. Additionally, a better method for patient selection criteria is needed to further identify the target audience of patients with PDAC.In conclusion, NAT has emerged as a promising treatment option



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for locally advanced PDAC. However, further research is needed to optimize its use and to better understand the role of NAT in the management of this challenging disease. With continued advances in cancer treatment, there is hope for improving the outcomes of patients with PDAC in the future. In General: it's a good paper and the subject of the manuscript is applicable and useful. Title: the title properly explains the purpose and objective of the article Abstract: abstract contains an appropriate summary for the article, the language used in the abstract is easy to read and understand, and there are no suggestions for improvement. Introduction: authors do provide adequate background on the topic and reason for this article and describe what the authors hoped to achieve. MATERIALS AND METHODS: - The variables selected for the study are described clearly and are appropriate, given the nature of the question asked. - The research design is described in detail. - The research design is appropriate and does not contain particular weaknesses. - The measurement instrument, including its psychometric qualities, is described clearly. - The population of interest and the sampling procedure are defined clearly. - The data collection procedure is clearly described. - The setting in which the study took place is described. - The data analysis procedures are stated in precise terms. - The data analysis procedures are appropriate. Results: the results are presented clearly, the authors provide accurate research results, and there is sufficient evidence for each result, Specific data accompany the result statement, and Tables and figures are used efficiently. Conclusion: in general: Good and the research provides sample data for the authors to make their conclusion. Grammar: There are a lot of grammatical errors. This must be taken care of and addressed. . (Check The Paper Comments).



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**Reviewer's code:** 03475330 **Position:** Peer Reviewer

Academic degree: MD, PhD

Professional title: Professor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-06-10

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-05 23:31

Reviewer performed review: 2023-07-06 08:22

**Review time:** 8 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ Y] Grade C: Fair [ ] Grade D: No creativity or innovation



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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous  Conflicts-of-Interest: [ ] Yes [Y] No

# SPECIFIC COMMENTS TO AUTHORS

The manuscript entitled " Developments and challenges in neoadjuvant therapy for locally advanced pancreatic cancer " has been reviewed. As I stated in my review, there are a number of issues that need to be raised and addressed. It does not say how much percentage of patients with borderline pancreatic cancer were able to have surgery after neoadjuvant chemotherapy. Neoadjuvant chemotherapy is now the mainstay of treatment for pancreatic cancer. Further additions should be made. Carbon ion radiotherapy and proton beam therapy are also increasingly being used. These are not mentioned.