

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 48225

**Title:** Adjuvant and neoadjuvant treatment vs surgery alone for resectable pancreatic cancer: A network meta-analysis

**Reviewer's code:** 00034177

**Reviewer's country:** Japan

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-04-15 11:20

**Reviewer performed review:** 2019-04-15 11:51

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This paper ignores the historical evidence of pancreatic cancer treatment. Historical evidence is very important to mention about chemotherapies. I am so sorry to reject your paper.



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## INITIAL REVIEW OF THE MANUSCRIPT

### *Google Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

### *BPG Search:*

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 48225

**Title:** Adjuvant and neoadjuvant treatment vs surgery alone for resectable pancreatic cancer: A network meta-analysis

**Reviewer's code:** 02541859

**Reviewer's country:** United States

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-04-16 18:46

**Reviewer performed review:** 2019-04-16 19:05

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

Short meta-analysis. I have only suggestion to mention some of the chemotherapeutic agents used in the study.



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## PEER-REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 48225

**Title:** Adjuvant and neoadjuvant treatment vs surgery alone for resectable pancreatic cancer: A network meta-analysis

**Reviewer's code:** 02551692

**Reviewer's country:** Italy

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-04-15 11:34

**Reviewer performed review:** 2019-04-20 07:21

**Review time:** 4 Days and 19 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

## SPECIFIC COMMENTS TO AUTHORS

The work is well done. Pancreatic cancer is one of the most common and lethal malignancies worldwide. However, the optimal treatment is still controversial. The authors, using network meta-analysis (which includes 13 high quality trials with 1591

participants), identify the most effective approach for pancreatic cancer : surgery with adjuvant CT.

The work is very interesting because is this is the first network meta-analysis comparing surgery alone, neoadjuvant chemotherapy (CT), neoadjuvant chemoradiotherapy (CRT), adjuvant CT and adjuvant CRT. Surgery with adjuvant CT has better survival compared with surgery alone and surgery with adjuvant CRT The authors should give more details about figure 1 and figure 3. Results are exhaustively described. English language is overall good. Minor revision of the article is need.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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- ☐ Plagiarism
- ☒ No

##### ***BPG Search:***

- ☐ The same title
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- ☐ Plagiarism
- ☒ No

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 48225

**Title:** Adjuvant and neoadjuvant treatment vs surgery alone for resectable pancreatic cancer: A network meta-analysis

**Reviewer's code:** 00053888

**Reviewer's country:** United Kingdom

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-04-23 16:57

**Reviewer performed review:** 2019-04-23 18:07

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

### SPECIFIC COMMENTS TO AUTHORS

This is a large and powerful meta-analysis of adjuvant/neoadjuvant chemotherapy & chemoradiotherapy in the treatment of pancreatic cancer. There have been differing views expressed and demonstrated over recent years as to the best approach but this

meta-analysis has allowed a certain degree of clarity to be applied. It appears that adjuvant chemotherapy is better than alternate approaches and this should allow researchers to concentrate on the best adjuvant chemotherapy regimes rather than continue to muddy the water with further neoadjuvant approaches and additional radiotherapy. There are a few things that are not made clear in the study and that should be addressed. This study refers only to 'resectable' pancreatic adenocarcinoma and borderline of conventionally irresectable but downstaging therapies are not addressed. Also the included studies are largely external beam radiotherapy and not some of the more highly targeted radiotherapy that are now available. the authors should clarify these points. In addition there are some grammatical errors that would need editorial input before final publication.

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