



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Oncology*

Manuscript NO: 75447

Title: Edmonton Symptom Assessment Scale may reduce medical visits in patients undergoing chemotherapy for breast cancer

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05743795

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2022-01-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-06 03:23

Reviewer performed review: 2022-02-18 22:20

Review time: 12 Days and 18 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input 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 Grade E: Do not publish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 checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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Peer-reviewer statements	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

This is a good clinical research which used the ESAS system to reduce the medical visit of breast cancer patients undergoing AC. Medical visits in the pre-chemotherapy assessment represent a significant burden on the oncological care system, this research could supply a good choice to resolve this problem. The design is good and discussion part is also justified.



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Peer-review model: Single blind

Reviewer's code: 03270754

Position: Editorial Board

Academic degree: MD, PharmD, PhD

Professional title: Assistant Professor, Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2022-01-29

Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-04-12 00:27

Reviewer performed review: 2022-04-12 01:27

Review time: 1 Hour

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
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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

1. The manuscript focus on The Edmonton Symptom Assessment Scale (ESAS) as a useful tool for symptom assessment in patients with breast cancer undergoing adjuvant chemotherapy, after checked the references in Pubmed, there are so many related articles.
2. Tables should use three line tables? following the journal requirements.
3. Figures not clear need dpi 300 more.
4. English need more polish.



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Reviewer's code: 03270609

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Russia

Author's Country/Territory: Italy

Manuscript submission date: 2022-01-29

Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-04-11 10:37

Reviewer performed review: 2022-04-15 17:40

Review time: 4 Days and 7 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



Peer-reviewer statements	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

Review Manuscript No. 75447 The Edmonton Symptom Assessment Scale (ESAS) as a useful tool for symptom assessment in patients with breast cancer undergoing adjuvant chemotherapy. In a pandemic, a study that justifies the possibility of safely reducing the number of visits to the doctor by the breast cancer patients during courses of adjuvant chemotherapy (AC) is of undoubted interest. It is important that this study also touches on important economic, social and medical aspects. However, the presented manuscript, in my opinion, contains a number of serious shortcomings, mainly of a methodological nature. I. Title of the manuscript should reflect the purpose of the study. II. ABSTRACT 1. Comparison of groups with and without ESAS is hardly worth including in the ABSTRACT, it can be limited to stating that the groups did not differ in variables. 2. By itself, the ESAS score does not reduce the number of patient visits to the doctor for breast cancer, but allows you to select a group of patients for whom it is safe to reduce their number. 3. Stages II/III of breast cancer are not early!!!. 4. It should be noted in abstract what kind of benefits (financial, reduced risk of covid infection, etc.) gives an assessment on the ESAS scale in oncological practice. III. Introduction. The question of a safe reduction in visits can only be raised on the basis of prospective studies. IV. Methods It should be clarified which groups of patients and at what time were included in the study (from January 2018 to November 2021; from January 2016 to August 2019; from January 2020 to December 2021). This information should be clarified and presented in a more understandable form. This also applies to Figure 1, which contradicts the manuscript text. Page 4, line 5 "...percentage of patients requiring unplanned medical visits" - this indicator cannot be retrieved from the patient database, it is calculated.

Rephrase. Page 4, line 8-9 - "In the ESAS Group, also the percentage of patients requiring an additional medical visit before chemotherapy on the basis of an ESAS score > 3, was evaluated.". Probably also incorrect wording. Perhaps you meant that based on the ESAS score > 3, you identified patients who needed additional visits to the doctor and then calculated their percentage. Explain this point. V. Results. Page 6 "Six patients of the ESAS Group and 12 of the no-ESAS Group needed one or more unplanned visit during the AC duration, for a total of 8 and 18 visits, respectively ($p = 0.057$)." It's not clear. Were there 8 additional visits for 6 patients (1.3 per patient) and 18 for 12 patients (1.5 per patient)? But then the given level of significance does not correspond to reality ($p = 0.057$). Or did you compare other indicators? Page 6 "Forty-eight patients of the ESAS Group received an additional visit due to an ESAS score > 3." - It is unclear whether all patients with ESAS score > 3 were scheduled additional visits or not? This should be specified. The authors should also present the distribution of patients by ESAS score, preferably in both groups. In general, study design raises questions: 1. it was a prospective study in which they planned 3 visits to the doctor for patients receiving AC and scheduled additional visits only for patients with an ESAS score > 3, after which they compared the results with the standard scheme of patient visits to the doctor (16 visits per patient) during chemotherapy courses 2016-2019; 2. both groups of patients were recruited in 2020 - 2021 (one group was scheduled for 3 visits, and the second - 16), as follows from Figure 1; 3. or something else? VI. Discussion. Page 7. Incorrect wording: "In the series described herein, we found that the patients who completed the ESAS questionnaire significantly received fewer medical visits during the chemotherapy period compared with patients of the control group." - Reducing visits to the doctor is not a consequence of completing the ESAS questionnaire. The patients originally had 3 visits scheduled! The use of a questionnaire allowed the authors to identify patients who required additional visits. As a result, you proved that the reduction in the number of



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scheduled visits, taking into account the ESAS score, did not affect unscheduled visits to the doctor and the number of complications of chemotherapy. This is the most important and interesting. Page 7. "Of note, the unplanned medical visits - that is, the outpatient visits for monitoring the disease and providing supportive care - were performed less often in the ESAS Group." - a somewhat controversial conclusion (1.3 and 1.5 additional visits per patient in the ESAS group and without ESAS.) In the discussion, I think it should not be argued that it is ESAS that reduces the number of visits, side effects of chemotherapy, etc. This is more likely due to the fact that ESAS accounting, on the one hand, identifies a large group of patients who do not need to visit a doctor during each course of chemotherapy, and, on the other hand, allows you to identify a group of patients with a high risk of complications and adjust the treatment, thereby reducing these risks. Moreover, you do not indicate whether the treatment tactics changed depending on the ESAS. Table 2. "No" - not used to indicate quantity. Use "number" or "n" Thus, the authors should more precisely define the type of study (prospective or retrospective) and its design, change the title in accordance with the purpose of the study, and present the results more correctly, in accordance with the comments.



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05123258

Position: Editorial Board

Academic degree: MSc, PhD, RN

Professional title: Chief Nurse, Nurse, Postdoc

Reviewer's Country/Territory: Greece

Author's Country/Territory: Italy

Manuscript submission date: 2022-01-29

Reviewer chosen by: Xin Liu

Reviewer accepted review: 2022-04-17 21:51

Reviewer performed review: 2022-04-26 11:24

Review time: 8 Days and 13 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



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SPECIFIC COMMENTS TO AUTHORS

BCS: explain the acronym Table 1: very confused. Why authors present the total results? The p value is referred to the 2 groups, but when authors included the total, p value results became too confused. Among which groups, p values are referred to.... Table 2: authors should include the exact pvalue Table 3: also too confused. Why there are different study groups. Authors should make more readable this table



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03270609

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer's Country/Territory: Russia

Author's Country/Territory: Italy

Manuscript submission date: 2022-01-29

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2022-06-06 10:03

Reviewer performed review: 2022-06-06 13:03

Review time: 2 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I am completely satisfied with the corrections made to the manuscript. There are some technical notes: 1. A dot is not needed after the manuscript title. 2. In "Study endpoints and statistical analysis", the proposal "Quantitative variables are presented as a mean;..." correct to "Quantitative variables are presented as a mean $\pm \sigma$ (or as \pm standard deviation)



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Academic degree: MD, PharmD, PhD

Professional title: Assistant Professor, Associate Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Italy

Manuscript submission date: 2022-01-29

Reviewer chosen by: Li-Li Wang

Reviewer accepted review: 2022-06-08 01:12

Reviewer performed review: 2022-06-08 01:27

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Authors have done great work following the reviewers' advice, language have perfected, tables and figures were now meet the requirements of this journal, I hope this manuscript be accepted, alsohave last suggusion if can submit a revised mauscript with no track changes much more better !



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Reviewer accepted review: 2022-06-06 09:13

Reviewer performed review: 2022-06-08 08:02

Review time: 1 Day and 22 Hours

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



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SPECIFIC COMMENTS TO AUTHORS

Accepted