

## CHECKLIST OF RESPONSIBILITIES FOR SCIENTIFIC EDITORS

Manuscript page number (Without Figures): 40 Rate: 6.2 CNY per page

Editing Fee: 248 CNY

Figure count: 2 Figure handling time: 50 min Rate: 1 CNY per min

Editing Fee: 50 CNY

XML and PDF converting time: 41 min Rate: 1 CNY per min

Editing Fee: 41 CNY

Manuscript word count: 11305

Total Editing Fee: 339 CNY

Item No.	Specific items for verification	Comments Yes=[Y] No= [N]
1	<p><i>General Information of the Manuscript</i></p> <p><b>Name of journal:</b> World Journal of Gastroenterology</p> <p><b>Manuscript NO.:</b> 66595</p> <p><b>Column:</b> Minireviews</p> <p><b>Title:</b> Recent advances in artificial intelligence for pancreatic ductal adenocarcinoma</p> <p><b>Authors:</b> Hiromitsu Hayashi, Norio Uemura, Kazuki Matsumura, Liu Zhao, Hiroki Sato, Yuta Shiraishi, Yo-ichi Yamashita and Hideo Baba</p> <p><b>Reviewer code:</b> 02534290, 04770380, 05736510, and 05224959</p> <p><b>First decision:</b> 2021-07-03 02:26</p> <p><b>Scientific Editor:</b> Chen-Chen Gao (Online Science Editor)</p> <p><b>Date of signature:</b> <u>11/7/2021</u> (month/day/year)</p>	[Y]

2	<p><i>Editorial Office's Comments</i></p> <p><b>Science Editor:</b> 1 Scientific quality: The submitted manuscript entitled "Recent advances in artificial intelligence for pancreatic ductal adenocarcinoma" by Hayashi and co-authors focuses on recent advancements in the use of artificial intelligence (AI) approaches in pancreatic ductal adenocarcinoma (PDAC) diagnosis, prognosis and prediction of treatment response. The topic of the manuscript is very important and is somewhat comprehensively discussed. The manuscript is well-organized and is of good quality. The topic is within the scope of the World Journal of Gastroenterology. (1) Classification: Grade 3B1C and Grade 2A2B; (2) Summary of the Peer-Review Report: Reviewer1: The authors are dealing with the Artificial Intelligence in pancreatic ductal adenocarcinoma (PDAC). In this paper, Hayashi et al. conduct a comprehensive review of the recent advances of AI in PDAC for clinicians. The topic is interesting because PDAC is a lethal type of cancer and this manuscript shows the ability of Artificial Intelligence to fight against this disease. In addition, the authors discuss advances in the disease from different approaches. I found the review work with the tables to be very appropriate and clear. It is a good selection of key studies in literature. The work is complete and up to date. The manuscript is very interesting. The motivation and justification are appropriate. The paper is well written in correct English. Now I include some typographical errors in References: In Keywords: For: machine larning read: machine</p>	[ Y ]
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learning In Reference n. 76: Remove: “following competing interests: L. Cozzi acts as Scientific Advisor to Varian Medical Systems and is Clinical Research Scientist at Humanitas Cancer Center. All other co-authors declare that they have no conflict interests. A. Chiti received speaker honoraria from General Electric and Sirtex Medical System; acted as scientific advisor for Blue Earth Diagnostics and Advanced Accelerator Applications; benefited from an unconditional grant from Sanofi to Humanitas University. All honoraria and grants are outside the scope of the submitted work. This does not alter our adherence to PLOS ONE policies on sharing data and materials.” reviewer2: 1. In the introduction section, the authors mentioned the application of AI in handling big data. Please provide some examples regarding the used AI approaches. 2. In “PDAC risk prediction by AI section”, the authors presented some AI-based prediction models. Please provide some details about those models such as model type (SVR, ANN, deep learning, and so on). Moreover, as you reviewed several studies, please conclude this section and focus on which models provided more accurate results. 3. I can see in some sections of your study that you just mention AI model, or machine learning approach. It is very important to give some details about the model. At least mention the type of AI model that should be mentioned in your manuscript. 4. Please conclude the obtained accuracy of adopted models in the Detection of early PDAC by biomarkers using AI. Which model is the best among the reviewed models developed by

several studies? ... In all sections of your paper, as long as you reviewed several models, please conclude this section to help the researchers to focus on the robust models. 5. As this paper is a review paper, please suggest scientific recommendations for future researches. The recommendations include but are not limited to the main variables that could help improve the accuracy of diagnosis using AI approaches. Moreover, discuss unfamiliar factors that may have a major impact in improving diagnostic accuracy to help researchers in the future. 6. 7. Other observations should be addressed regarding AI models: In table 1, the backward stepwise approach is an approach used for feature selection not used for classification or regression purposes (it is not like ANN, CNN, deep learning, and so on). please take full information from the mentioned source (Boursi et al. [23], 2021). Define every approach/ technique, the method mentioned in the tables. establish a new section in your manuscript about the model evaluation (or you can conclude them in a table). This section provides information about the statistical parameters used in evaluating the prediction accuracy such as AUC, FI-score, RMSE, and so on. Discuss briefly the reviewed models by providing a general introduction about the used approaches. Provide more information about the pre-processing data. It is very important in obtaining reliable models. This process includes clean the data, outlier handling, normalization, noise removing. In some cases, many input parameters reduce the prediction accuracy. Therefore, it

is important to use PCA method to reduce these inputs and remove the correlations between them. Provide general assessment about the reviewed models in terms of accuracy, sort of model, used input. Nowadays, deep learning models are well-known for dealing with big data. Please discuss that approach. Reviewer3: The submitted manuscript entitled “Recent advances in artificial intelligence for pancreatic ductal adenocarcinoma” by Hayashi and co-authors focuses on recent advancements in the use of artificial intelligence (AI) approaches in pancreatic ductal adenocarcinoma (PDAC) diagnosis, prognosis and prediction of treatment response. The topic of the manuscript is very important and is somewhat comprehensively discussed. The manuscript is well-organized and is of good quality. However, there are some concerns and recommendations. They are as follows: (1) The authors often referred to early review papers instead of recent original research papers or meta-analyses. For example, (i) Ref [27] was not found. Instead, the authors would discuss the following paper “Appelbaum L, Cambronero JP, Stevens JP, Horng S, Pollick K, Silva G, Haneuse S, Piatkowski G, Benhaga N, Duey S, Stevenson MA, Mamon H, Kaplan ID, Rinard MC. Development and validation of a pancreatic cancer risk model for the general population using electronic health records: An observational study. Eur J Cancer. 2021 Jan;143:19-30. doi: 10.1016/j.ejca.2020.10.019. PMID: 33278770”; (ii) Ref. [45] is an old review article. It should be replaced by more recent meta-analysis study: 45a. Rahman MIO,

Chan BPH, Far PM, Mbuagbaw L, Thabane L, Yaghoobi M. Endoscopic ultrasound versus computed tomography in determining the resectability of pancreatic cancer: A diagnostic test accuracy meta-analysis. Saudi J Gastroenterol. 2020 May-Jun;26(3):113-119. doi: 10.4103/sjg.SJG\_39\_20. PMID: 32436866; PMCID: PMC7392294. (2) Explanations of many abbreviations were missed, and this led to repeated usage of full names and/or abbreviations or both. For example: in section "PDAC risk prediction by AI", the authors wrote "HbA1C, cholesterol, hemoglobin, creatinine...", however HbA1C is hemoglobin A1C. (3) A section "AI in response to chemotherapy" is poorly discussed. (4) Title of a section "Prognosis prediction" is not good. It is better to change it for example for "Survival prediction". Additionally, patient's survival is often assessed using imaging or in response of cancer treatment. Therefore, this section can be combined with some other sections. (5) Grammar should be checked, for example, "learning", etc. Reviewer 4: Dear Authors, I read very carefully your paper in which you managed to summon all the recent progresses that have been made in using AI in pancreatic ductal adenocarcinoma and I think the article is excellent. (3) Format: There are 1 table and 1 figure; (4) References: A total of 88 references are cited, including 23 references published in the last 3 years; (5) Self-cited references: There are 0 self-cited references. (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s),

	<p>especially those published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade C. A language editing certificate was provided. 3 Academic norms and rules: The signed Conflict-of-Interest Disclosure Form and Copyright License Agreement was provided. No academic misconduct was found in the Google/Bing search. 4 Supplementary comments: This is an invited manuscript. The topic has not previously been published in the WJG. 5 Issues raised: The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text; 6 Re-Review: Required. 7 Recommendation: Minor revision.</p> <p><b>Company Editor-in-Chief:</b> I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.</p>	
<b>3</b>	The fixed headings are copied.	[ Y ]
<b>4</b>	The title concisely summarizes the main topic of the study and is	[ Y ]

	not too long (no more than 18 words). Words such as ‘exploration’, ‘research’, ‘analysis’, ‘observation’, and ‘investigation’ are avoided. The title does not start with ‘The’ and does not include any Arabic numbers or uncommon abbreviations.	
5	A short running title is provided (no more than 6 words).	[Y]
6	The authors' full family (sur)names and full/abbreviated first names are listed on the title page and are consistent with those listed in the signed BPG Copyright License Agreement form.	[Y]
7	The ‘Author contributions’ passage describes the specific contribution(s) made by each author. The author’s names are listed in the following format: full family (sur)name followed by abbreviated first and middles names. <i>e.g.</i> , “Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research study; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents and analytic tools; Wang CL, Liang L and Fu JF analyzed the data; and Wang CL, Liang L and Fu JF wrote the manuscript. All authors have read and approve the final manuscript.”	[Y]
8	The ‘Supported by’ statement describes the source(s) of financial support and includes the corresponding identification number(s) and program ID(s) if available, and contains no spelling errors.	[N]
9	The ‘Corresponding author’ passage provides the corresponding author’s full first and family (sur)names, abbreviated title ( <i>e.g.</i> , MD, PhD), affiliated institute’s name and complete postal address (including zip code) and e-mail (written in all lowercase), and contains no spelling errors.	[Y]
10	The Manuscript Tracking information ( <i>i.e.</i> , Received, Peer review started, First decision, Revised, Accepted, Article in press, and Published online) are provided along with the corresponding editor	[Y]



	and date for each item, and contain no spelling errors.	
11	<p>The Abstract section is formatted according to the article-specific style (structured <i>vs</i> unstructured) and word count thresholds, as follows:</p> <p><u>Commentary, Frontier, Diagnostic Advances, Medical Ethics, Minireview, Review, Therapeutics Advances, and Topic Highlight:</u></p> <p>Non-structured abstract that is no less than 200 words.</p> <p><u>Field of Vision, Case Report and Letter to the Editor:</u></p> <p>Non-structured abstract that is no less than 150 words.</p> <p><u>Research articles:</u> Structured abstract with subsections for AIM (no more than 20 words); METHODS (no less than 80 words); RESULTS (no less than 120 words); and CONCLUSION (no more than 26 words).</p>	[Y]
12	The 'Key words' list provides 5-10 keywords that reflect the main content of the study. The first letter of each keyword is capitalized, and each keyword is separated by a semicolon.	[Y]
13	<p>The "citation" contains authors' names and manuscript title. The name of the first author should be typed in bold letters; the family (sur) name of all authors should be typed with the first letter capitalized, followed by their abbreviated first and middle initials. For example, an article by Jae Moon Yoon, Ki Young Son, Chun Sick Eom, Daniel Durrance, Sang Min Park will be written as Yoon JM, Son KY, Eom CS, Durrance D, Park SM. Pre-existing diabetes mellitus increases the risk of gastric cancer: A meta-analysis. <i>World J Gastroenterol</i> 2019; In press</p>	[Y]
14	The 'Core tip' provides a summary (less than 100 words) of the study that outlines the most innovative and important arguments and core contents of the paper and will serve to effectively attract	[Y]

	readers.	
15	The 'INTRODUCTION' section clearly describes the relevant background information for the study. Only the most relevant and current (within the past 5 years) literature is cited, with the exception of rare instances of seminal literature citations. All technical terms and/or abbreviations are explained and/or defined, with the full name of abbreviations given upon first appearance in the text and the abbreviation presented in parentheses [ <i>i.e.</i> , "...computed tomography (CT)"]. First-person pronouns ( <i>e.g.</i> , 'I', 'we') are used appropriately to clearly indicate the work performed by the author(s). When weaknesses of previous studies are described in the text to highlight the innovations related to the current study, the information is presented carefully.	[Y]
16	The 'MATERIALS AND METHODS' section clearly and accurately describes all materials and methods used to obtain the data presented in the article and is adequate for a reader to repeat the study.	[N]
17	The 'RESULTS' section concisely describes the observational and experimental results. Representative data and data that have scientific significance are emphasized. Data is presented in either the text, a table or figure ( <i>i.e.</i> , chart, diagram, graph or image), but is not repeated among each. Information presented in the tables and figures clearly describes the trends, meaning, and inferences. Results described in textual form are accurate, concise and clear.	[N]
18	Statistical symbols are accurate. Statistical significance is expressed as <sup>a</sup> $P < 0.05$ , <sup>b</sup> $P < 0.01$ ( $P > 0.05$ usually does not need to be denoted). If there are other series of $P$ values, <sup>c</sup> $P < 0.05$ and <sup>d</sup> $P < 0.01$ are used, and a third series of $P$ values is expressed as <sup>e</sup> $P < 0.05$ and <sup>f</sup> $P < 0.01$ . Statistical data is expressed as mean $\pm$ SD or mean $\pm$ SE.	[N]

19	The 'DISCUSSION' section (1) describes the main purpose and hypothesis of the study; (2) summarizes the most important results; (3) illustrates and explains the results (but does not simply repeat the data) and draws conclusions or inferences based on the results; (4) points out the limitations of the study and their impact on the results, as well as proposes further advice on future research topic(s) or direction(s); and (5) describes the theoretical significance and practical value of the findings.	[N]
20	The 'ACKNOWLEDGEMENTS' section expresses gratitude to any individuals or organizations for technical support ( <i>i.e.</i> , providing instrumentation, equipment or experimental materials, and/or assistance in experimental work), non-technical services ( <i>i.e.</i> , useful inspiration, suggestions, guidance, or review), and/or any other auxiliary work.	[N]
21	The 'ARTICLE HIGHLIGHTS' section provides comments for original articles in accordance with the specified format.	[N]
22	The 'REFERENCES' section lists the references in the Vancouver style. This style uses Arabic numeral in-text citations based on the order of the first appearance of a source in the text. For citations where the author's name is indicated in the text, a superscript number should be placed following the name ( <i>i.e.</i> , "Pang <i>et al</i> "). For citations where no author is indicated, a superscript number should be placed at the end of the sentence. Respective examples are: "Ma <sup>[1]</sup> reported .....", "Pan <i>et al</i> <sup>[2-5]</sup> indicated ....." ; "PCR has a high sensitivity <sup>[6,9]</sup> ." No superscript numbers are used when the reference number is described in the text; for example, "The experimental method used has been described in reference [8]." The style of reference citations in tables is the same as that in the text ( <i>e.g.</i> , Pan <i>et al</i> <sup>[2-5]</sup> , please see reference [8]).	[Y]

23	Journal references have been verified to ensure that there are no duplicate references and that the PMID numbers are correct. For references not yet included in PubMed: the name of Chinese journals is spelled out using Chinese Pinyin, with the first letter of each word capitalized ( <i>e.g.</i> , <i>Shijie Huaren Xiaohua Zazhi</i> ); the name of journals in other languages are listed according to indexing information retrieved from Google. Book references are presented with all the information relevant to the electronic version.	[Y]
24	The number of cited references is appropriate for the article type, as follows: <u>Commentary</u> : no less than 50; <u>Review</u> : no less than 100; <u>Article</u> : no less than 30/26; <u>Case Report and Letter to the Editor</u> : no less than 1.	[Y]
25	The ethics-related statements are provided in accordance with the manuscript type ( <i>e.g.</i> , Manuscript No.-Institutional review board statement, Manuscript No.-Animal care and use statement, <i>etc.</i> ).	[Y]
26	The names of the peer reviewers and the scientific editor are present at the end of the paper ( <i>e.g.</i> , P-Reviewer: Hugot D S-Editor: Wang JL).	[Y]
27	The order and numerical labeling of tables and figures is consistent with their appearance and presentation in the text. Symbols in tables ( <i>e.g.</i> , +, -, ×, ÷, *) correctly correspond to the definitions in the footnotes. Only one legend is provided for each multi-panel figure consisting of color graphs, black and white graphs, or line graphs that depicts data of the same theme. For example: <b>Figure 1</b> Pathological changes in atrophic gastritis tissue before and after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ....	[Y]
28	Split pictures include flow charts, line graphs, histograms, and graphs including text. Unsplit pictures include meta-analysis	[Y]

	diagrams, PCR amplification curves, and survival curves.	
29	The author(s) highlighted the changes made to the manuscript according to the peer-reviewers' comments.	[Y]
30	The responses to the peer-reviewers' comments are consistent with the changes made to the manuscript.	[Y]
31	The revised manuscript is provided (file name: Manuscript No.-Review; <i>e.g.</i> , 870- Review). The letter of peer-reviewers' comments is provided (file name: Manuscript No.-Peer-review(s); <i>e.g.</i> , 870-Peer-review(s)). The response letter is provided (file name: Manuscript No.-Answering reviewers; <i>e.g.</i> , 870-Answering reviewers).	[Y]
32	The related ethics and relevant documents are provided, such as (1) Approved grant application form(s) or funding agency copy of any approval document(s) (file name: Manuscript No.-Grant application form(s)); (2) Biostatistics review certificate (file name: Manuscript No.-Biostatistics statement); (3) Conflict-of-interest statement (file name: Manuscript No.-Conflict-of-interest statement); (4) Clinical trial registration statement (file name: Manuscript No.-Clinical trial registration statement); (5) Institutional review board approval form or document (file name: Manuscript No.-Institutional review board statement); (6) Institutional animal care and use committee approval form or document (file name: Manuscript No.-Institutional animal care and use committee statement), and (7) Signed informed consent form(s) or document(s) (file name: Manuscript No.-Informed consent statement).	[Y]
33	All authors signed the BPG Copyright license agreement form (file name: Manuscript No.-Copyright license agreement; <i>e.g.</i> , 870-Copyright license agreement).	[Y]
34	The language certificate provided by authors who are non-native speakers of English meets the BPG requirements (file name:	[Y]

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35	The photos licensed in the Agreement for Use of Personal Photos are consistent with those in the paper (file name: Manuscript No.-Agreement for use of personal photos; <i>e.g.</i> , 870-Agreement for use of personal photos).	[N]
36	This document (Checklist of Responsibilities for Scientific Editors) has been saved under the file name: manuscript No.-Scientific editor work list ( <i>e.g.</i> , 870-Scientific editor work list).	[Y]
37	A <i>CrossCheck</i> investigation (an effective tool for detecting unoriginal content, enabling our editors to preserve the journal's integrity and the authors' copyright) has been performed for the manuscript <i>via</i> the website: <a href="http://www.ithenticate.com/">http://www.ithenticate.com/</a> . The results document contains the following information for the manuscript: "Name of journal", "Manuscript No.", "Columns", "Title" and "Author list". The Figure of the <i>CrossCheck</i> results is saved in JPEG format (.jpg) at 1440 × 680 pixel resolution. The PDF of the <i>CrossCheck</i> results has been saved under the file name: manuscript No.- <i>CrossCheck</i> report ( <i>e.g.</i> , 870- <i>CrossCheck</i> report). The Google searches have also been performed to further ensure publication of original content.	[Y]
38	The text of the manuscript is typed in Book Antiqua font, 12 pt, with 1.5 line spacing.	[Y]
<b>Responsibilities of scientific editors</b>	The primary responsibilities of our scientific editors include carefully checking the entire manuscript and all accompanying materials for: (1) errors in spelling, grammar, punctuation and wording; (2) suitability of tables, figures, figure data and legends; (3) accurate and appropriate presentation of symbols ( <i>e.g.</i> +, -, ×, ÷, %, *) in tables and figures; and (4) complete and comprehensive revision of the manuscript according to the reviewers' comments.	



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