

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7216

Title: Borderline Resectable Pancreatic Cancer: Definitions and Management

Reviewer code: 02440537

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 21:08

Date reviewed: 2013-11-13 05:51

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The review is well written and suitable for surgeons. However, the interest for other professionals such as gastroenterologist, oncologist or researchers is limited. Difficult to understand for these other professionals, it would be helpful to make some modifications: -Define acronyms (such as SMV/PV etc) -In Table I should be clarified describing what is the first column/line -Discussion section should be included. Here, a summary and discussion of studies presented should be presented. -Last part of the review, when authors talk about chemotherapy is very confusing and should be re-structured. For example, the sentence "adjuvant chemotherapy with gemcitabine.....As of November 1, 2013, 10 of the targeted 20 patients had been accrued" Is this paragraph complete? -Last paragraph before the conclusion is incomprehensible

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Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7216

Title: Borderline Resectable Pancreatic Cancer: Definitions and Management

Reviewer code: 02544301

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 21:08

Date reviewed: 2013-11-23 06:00

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input checked="" type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

This is a fine and thorough review of borderline resectable pancreatic cancer, and I have no significant criticisms to offer. I look forward to the results of the Alliance protocol.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7216

Title: Borderline Resectable Pancreatic Cancer: Definitions and Management

Reviewer code: 01162412

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 21:08

Date reviewed: 2013-11-28 04:07

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS TO AUTHORS

The manuscript by Lopez and Lowy well presents the historical evolution of the concept of "borderline resectable PDAC and the justification for the current Alliance clinical trial. The following comments are offered to increase the impact of the manuscript: 1. The authors may wish to more clearly define the Ishikawa classification in the text of the manuscript, as well as reference the figure when this is first introduced (page 4). 2. The major paragraph on page 5 is a bit confusing as a presentation for neoadjuvant chemotherapy blurring the focus on the impact on R0 resection, as well as the conversion from unresectable to resectable. Although both of these points are often covered in the same report, the authors may wish to break up these two impacts of neoadjuvant therapy. 3. In the last section on page 5, the authors imply that reliance on CT will deprive 20% of patient the "opportunity for curative resection". This number applies to both R0 and R1, and the authors have already argued that R0 is the best chance for curative resection. So they may wish to re-word, or more accurately state that 6/49 (12%) of patients can achieve R0 resection. 4. On page 8 for the Preoperative Imaging, the authors may wish to change this to Preoperative Evaluation and consider inclusion on the use of CA 19-9 to predict unresectable disease despite localized disease by preoperative imaging. This is briefly touched on for selection of laparoscopy, but there is significant data on preoperative CA 19-9. 5. On page 9, the authors discuss the placement of biliary stents for decompression during neoadjuvant therapy. They should be clear that covered stents (rather than uncovered) are preferred in the setting of potential resection. 6. On page 15 for the discussion of the radiologic criteria, do the authors mean that interfaces exist in criteria 1, 2, and 4, or a loss of the interface with the noted extent? Perhaps more consistent terminology with the Table should be used. 7. In Table 2, the data on % resected and % negative margins should be rounded to the whole figure



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(the data does not allow that precision). 8. In Figure 1, the exact details of the SMV/PV involvement is difficult to see. The authors may wish to enlarge that part of the figure (ie the entire pancreas does not need to be illustrated).

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 7216

Title: Borderline Resectable Pancreatic Cancer: Definitions and Management

Reviewer code: 02543775

Science editor: Zhai, Huan-Huan

Date sent for review: 2013-11-09 21:08

Date reviewed: 2013-11-28 05:46

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[] Grade B (Very good)	[] Grade B: minor language polishing	[] Existed	[] High priority for publication
[] Grade C (Good)	[] Grade C: a great deal of language polishing	[] No records	[] Rejection
[] Grade D (Fair)	[] Grade D: rejected	[] Existed	[] Minor revision
[] Grade E (Poor)		[] No records	[] Major revision

COMMENTS TO AUTHORS

Minor comments: 1. Please write “Gastroduodenal artery encasement up to the hepatic artery.....” and not “GDA encasement up to the HA”. The abbreviations have not been explained earlier in the text. 2. The feasibility and associated morbidity and mortality of combined vascular resection with pancreaticoduodenectomy for pancreatic cancer remain important concerns for the surgical oncologist. The authors describe the complication rate of EUS guided FNA in pancreatic cancer. However, there are no comments on the morbidity of pancreatic resections and concomitant vascular resection in patients with borderline resectable pancreatic cancer in the current paper. This topic has been highlighted in some recent reports from the United States (Castleberry et al: Ann Surg Oncol 2012: The Impact of Vascular Resection on Early Postoperative Outcomes after Pancreaticoduodenectomy: An Analysis of the American College of Surgeons National Surgical Quality Improvement Program Database + J Tseng: Ann Surg Oncol 2012: Proceed with Caution: Vascular Resection at Pancreaticoduodenectomy+Worni M: JAMA Surg 2013: Concomitant vascular reconstruction during pancreatectomy for malignant disease: a propensity score-adjusted, population-based trend analysis involving 10,206 patients). The authors state that patients with borderline resectable pancreatic cancer “often require more complex resections”. This issue should be addressed in more detail and with some references. 3. In the literature, it seems to be a relatively good agreement on the anatomical definitions of borderline resectable pancreatic cancer. However, the authors describe a non-anatomical definition of borderline resectable pancreatic cancer based on clinical criteria, recommended by MD Anderson Cancer Centre. Has other centres or associations/societies supported this as part of the definition of borderline resectable pancreatic cancer? If not, why? 4. Regarding the anatomic guidelines I recommend to update the reference list

with a recent paper (Tran Cao et al: J Gastrointest Surg 2013: Radiographic Tumor-Vein Interface as a Predictor of Intraoperative, Pathological, and Oncological Outcomes in Resectable and Borderline Resectable Pancreatic Cancer). 5. The authors recognize a growing national interest (i.e. in the United States) in serving patients with borderline pancreatic cancer. In this comprehensive review, submitted to the World Journal of Gastroenterology, it would be interesting to have some comments by the authors on the international interest on this topic. Are there any differences between the United States, Asia or Europe in the management of borderline pancreatic cancer? Major comment: "Borderline Resectable Pancreatic Cancer: Definition and Management" is a well written scientific paper. It addresses an important topic and gives an extensive review on the history, progress, current treatment recommendations and future directions for research in borderline resectable pancreatic cancer. I am more than happy to support the acceptance of this manuscript in its original format, but the authors are recommended to incorporate my minor comments into the manuscript.