

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6660

Title: Evolution of effective therapies in the treatment of pancreatic cancer

Reviewer code: 00503608

Science editor: Ma, Ya-Juan

Date sent for review: 2013-10-27 12:50

Date reviewed: 2013-11-13 09:33

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 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 checked="" 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)		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

1) Most important, I think that it would be really nice if the authors' greatly expanded the section on potential targets for novel therapies, particularly with regard to the tumor microenvironment and stroma. The other sections should be cleaned up a little bit too so that they are more focused and clear. 2) The title is not accurate as there really are no effective therapies for pancreatic cancer. Perhaps "Evolution towards effective therapies in the treatment of pancreatic cancer" would be better. 3) The manuscript would benefit greatly from the inclusion of some tables and figures summarizing pertinent findings. 4) The section on "Core tip" seems redundant. 5) Ca 19-9 is less accurate for diagnosis in patients with jaundice and can be falsely negative in patients who are Lewis negative. Please include some discussion with references in the section on CA 19-9. 6) Please include a table summarizing known high frequency genetic events in the section on cellular mechanisms of therapeutic resistance. 7) There is at least one study demonstrating that vaccine therapies targeting mutant K-ras proteins may have potential benefit in the adjuvant setting for pancreatic cancer. Please reference and include in the discussion on K-ras. 8) In the section on surgical resection, the first sentence might sound better if written as: "Although surgical resection offers the hope for curative therapy, only 20% of patients present with potentially resectable tumors." 9) The discussion about preoperative biliary decompression is misleading. This is a controversial topic, but there are definitely studies that show increased morbidity and mortality following resection in patients who have undergone preoperative stenting. The only clear indications for preoperative stenting are: 1) unresectable tumors; 2) symptoms of cholangitis; and 3) planned neoadjuvant chemotherapy. I think this should be discussed and references to studies demonstrating adverse outcomes after stenting should be included. 10) The section on chemotherapy should be divided into subsections on



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neoadjuvant chemotherapy, adjuvant chemotherapy, and chemotherapy for advanced disease. I think this will clear things up for the reader. The data for FOLFIRINOX is really for patients with metastatic disease. 11) The section on radiation therapy is somewhat confusing as well. There are a number of studies evaluating the use of radiation in the adjuvant setting and none of these are referenced. This is a controversial area. The major studies should be referenced (especially ESPAC-1), pertinent findings described, and there should be some discussion. 12) In my opinion, this paper really has potential for readers with regards to novel therapies, particularly regarding tumor microenvironment and stroma as targets. Please expand the section on “Future Perspectives” greatly to included detailed information on what is known about tumor microenvironment and stroma as well data from any preclinical or clinical studies.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6660

Title: Evolution of effective therapies in the treatment of pancreatic cancer

Reviewer code: 00068120

Science editor: Ma, Ya-Juan

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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 checked="" 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)		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

I think this is a valuable review. The paper reviewed the clinical presentation and diagnosis, the current treatment situation, and the future research direction of pancreatic cancer. The topic is excellent, but the content of some section elucidated too simple. My Suggestions: 1. add some landmark clinical trial results of chemotherapy and radiotherapy of the pancreatic cancer; 2. some contents could be expressed with tables or graphs; 3. the important signaling pathways or genetic mutations in pancreatic cancer can be described more detailed, especially the potential therapeutic targets and the tumor microenvironment of pancreatic cancer.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6660

Title: Evolution of effective therapies in the treatment of pancreatic cancer

Reviewer code: 02533963

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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 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 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 type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is an interesting area for review. However, I think that the content is too superficial. I suggest the the authors focus more on one area, such as novel agent/targeted therapy, and/or immunotherapy. Also, the title can be made better, i.e, evolution in the management of pancreatic cancer - because the term "effective treatment" may mislead the readers. When reading an article about evolution of a cancer treatment, I expect to see a time table. So, adding a figure showing the actual 'evolution' of management of pancreatic cancer will be useful. Section on chemotherapy may need to be re-written to better clarify the purpose of chemotherapy (i.e. neo-adjuvant, adjuvant, or palliative setting). So, if authors still want to write about the evolution, please focus on how things were done in the past, now, and in the future. Also, please discuss each topic in more details. This paper has good potential to learn more about the future direction of treatment in pancreatic cancer. Good luck.