

**ESPS Peer-review Report**
**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 9412

**Title:** Plasma Cathepsin L: A Prognostic Marker for Pancreatic Ductal Adenocarcinoma

**Reviewer code:** 00069894

**Science editor:** Na Ma

**Date sent for review:** 2014-02-13 03:27

**Date reviewed:** 2014-02-14 17:02

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

**COMMENTS TO AUTHORS**

Dear authors, The article aimed at assessing the value of cathepsin L as a plasma prognostic marker for pancreatic cancer with 127 tumor patient samples. You applied experiments according to the purpose with proper methods and got the expected results. So I feel that the article is worthy of publication but needed minor revision. First, the diagnostic method for pancreatic cancer and pancreatitis are not reliable because only 25 patients were pathologically diagnosed. I strongly suggest you provide enough evidence to support the diagnosis of pancreatic cancer for each patient. Second, some items are not well defined and these items were marked in the "Comments To Authors" files. Third, the well reviewing of the progress about the plasma prognostic marker for pancreatic cancer is necessary. And forth, this work would be more of interest if it included a supplement table showing the demographic, cathepsin L level, survival, clinical parameter and all the other data of each patient.

# ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 9412

**Title:** Plasma Cathepsin L: A Prognostic Marker for Pancreatic Ductal Adenocarcinoma

**Reviewer code:** 00183665

**Science editor:** Na Ma

**Date sent for review:** 2014-02-13 03:27

**Date reviewed:** 2014-03-20 23:59

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

# COMMENTS TO AUTHORS

The article would benefit from the following remarks: > The authors have investigated 127 consecutive patients with pancreatic cancer, 26 healthy controls and 25 patients with chronic pancreatitis. Why these numbers were chosen remains elusive as a power calculation for investigating these numbers is lacking. Hence a power calculation based on earlier reports (Niedergethmann M, et.al. Pancreas. 2004 Oct;29(3):204-11) should be included in the methods section. > Moreover, the authors should mention their earlier report about this topic (Singh N et.al. Cancer Invest. 2013 Aug;31(7):461-71) and if figures are reused this should be mentioned in the figure legend. > The authors state that 20 fields were scored for cathepsin L staining. The magnification should be mentioned.. > The resection criteria should be mentioned in the methods section and the Cathepsin L levels should be shown in a dot plot for the following categories: patients who were resectable, patients who were peroperatively irresectable and patient who were pre operatively irresectable due to locally advanced disease and patients who had metastasis at presentation. > The cathepsin L levels of patients with pancreatic cancer, chronic pancreatitis and healthy individuals should be given in a dot plot. > The cathepsin L levels of patients with stage I, II, III and IV disease should be shown in a dot plot. > An important advantage of Cathepsin L over CA 19.9 could be the relation of CA 19.9 with cholestasis. Hence, the prognostic value of Cathepsin L and CA 19.9 should be investigated in cholestatic patients separately. > In addition to the Kaplan Meier Curve shown for Cathepsin L, a Kaplan Meier Curve for CA 19.9 and tumor stage should also be given. > In the operated patients information should be given regarding the presence of cholestasis to exclude the possibility that the disappearance of cholestasis might explain the decrease in Cathepsin L levels. >



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Table 3 should be aligned.