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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 10312

Title: Is concomitant radiotherapy necessary under gemcitabine-based chemotherapy in pancreatic cancer?

Reviewer code: 00074342

Science editor: Yuan Qi

Date sent for review: 2014-03-26 17:27

Date reviewed: 2014-04-02 14:16

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 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 checked="" 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

Thank you for showing interest in pancreatic cancer. I suggest clarification of the study area: is this about adjuvant treatment or about treating locally advanced disease. Corrections throughout the manuscript as well as title needed.

ESPS Peer-review Report**Name of Journal:** World Journal of Gastroenterology**ESPS Manuscript NO:** 10312**Title:** Is concomitant radiotherapy necessary under gemcitabine-based chemotherapy in pancreatic cancer?**Reviewer code:** 02908243**Science editor:** Yuan Qi**Date sent for review:** 2014-03-26 17:27**Date reviewed:** 2014-04-13 19:06

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 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 metaanalysis addresses the clinically important issue, whether treatment of Advanced Pancreatic cancer by gemcitabine chemotherapy alone or in combination with radiotherapy results in different outcomes, especially overall survival, progression free survival, treatment related toxicity and quality of life. Search methods, key words and data bases used, inclusion and exclusion criteria and methods of analysis and rationale for interpretation are well taken and described. Surprisingly, from a total of 1062 articles originally retrieved, only 4 could meet the authors selection criteria. And even so, only 3 studies were prospective randomised controlled and one study was done retrospectively. This inhomogeneous mix of finally included studies (and patients) was however considered, calculated and discussed appropriately and in detail. In conclusion this metaanalysis does not find positive arguments for the use of radiotherapy in combination with gemcitabine based chemotherapy and the authors conclude, that with some limitations, given in the discussion, the use of radiotherapy in combination with gemcitabine based chemotherapy should not be recommended for the treatment of advanced pancreatic cancer. Minor points to consider: Why was the literature search done since 1979 (statement on page 4), when the introduction describes correctly, that gemcitabine was introduced in the treatment of pancreatic cancer much later in 1997 ? Maybe just a typing error? Why was a p-value <0.1 accepted as statistically significant (statement on page 5)? In general a lower p-value of $p < 0.05$ is used as discriminator for statistical significance. Obvioiusly in 3 studies patients had not been treated surgically prior to the beginning of gemcitabine based chemotherapy and or radiotherapy, thus these treatments were used as palliative treatments, but in



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one study (by Van Laethem) curatively resected patients were treated with gemcitabine alone or in combination with radiotherapy in an adjuvant therapy concept. Maybe, the authors could point out more clearly, that their metaanalysis is done independent of surgical considerations of resectability and their conclusions therefore might be further limited, as surgery certainly has a major impact on survival and complications.