



ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 16279

Title: Stereotactic Body Radiotherapy Using CyberKnife® System For Patients With Locally Advanced Unresectable And Metastatic Pancreatic Cancer

Reviewer’s code: 03081942

Reviewer’s country: United States

Science editor: Yuan Qi

Date sent for review: 2015-01-08 16:50

Date reviewed: 2015-01-18 02:37

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	PubMed Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Thank you for this intriguing report on your experience with stereotactic body radiotherapy for locally advanced/metastatic pancreatic cancer, a topic of great interest for oncologists given the very difficult issue of local treatment/palliation in the setting of an aggressive histology with a high propensity to disseminate. I have but a few comments/suggestions/questions: (1) The median follow-up time is somewhat short given the overall survival numbers that you are reporting; this may obviously be due to the rather dismal prognosis and limited remaining lifespan of these patients, particularly those with metastatic disease. In this light, it may be more helpful from the reader's perspective to include not only the actual follow-up time for each patient in this relatively small cohort but, if possible, list all the characteristics found in Table 1 separately for each patient. I acknowledge this is somewhat tedious to do and makes for a more "busy"-appearing table, but I found myself wondering about these details more often than not and I believe the ability to contextualize your results through the individual patient characteristics would give greater reader confidence in the outcomes you report. (2) The p-values reported in Table 1 are probably not so



BAISHIDENG PUBLISHING GROUP INC

8226 Regency Drive, Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

<http://www.wjgnet.com>

helpful or necessary, as with such a small number of patients, I doubt anyone is expecting a significant difference between any of the categories for each variable/characteristic. If truly desired, a statement of non-significant difference in the text body of the Results section would suffice. (3) The toxicity rates you report are quite encouragingly low. Given the 3-4 fraction regimen used, it would be incredibly valuable from the practitioner perspective to have more detailed dose-volume information from the actual plans for (ideally) each patient, especially for the PTV and for the duodenum/small bowel, since this would again give more credence/confidence in your results from the reader perspective, but also give practitioners more helpful information on how to treat and to reproduce your results. While the OAR constraints you list given some sense of guidelines, I found myself very curious about the final dose-volume data (particularly compared to the PTV) for the small bowel. What was the V10? V15? V20? What was the maximum point dose for each patient (not just median and range), and how did this correlate to the PTV and outcomes? How does your center specifically address/deal with the duodenum? Space permitting, it would be valuable to hear your thoughts on why the toxicity rate was so low for your center as compared to the reports of other groups (in your opinion, is it being strict with regard to keeping 1 mL < 25 Gy? is it keeping the maximum point dose lower than 35 Gy? etc.). (4) Minor language issues: - Abstract, Results: "The effect of relieving abdominal pain was remarkable by completing radiotherapy in the span of two weeks." Does this mean relief of abdominal pain was achieved within two weeks of completing radiotherapy in the patients who received successful palliation (65% of the 80% having significant pain)? - Manuscript, Results, Patient Characteristics: "Patients were evenly divided ..." Not sure what this means; there was no statistically significant difference between the number of patients with T3 and T4 disease, but I do not believe this is meaningful information with such a small cohort (as above, p-value not necessary). - Manuscript, Results, Stereotactic body radiotherapy: are the maximum spinal cord and bowel point doses listed as means or medians? - Manuscript, Results, Toxicity: "Most toxicities could be tolerance and recovered for acceptance of heteropathy." I do not understand this sentence or what it could mean. Please re-write/clarify, as it is a sentence also used verbatim again in the Discussion section. (4) Minor table issues: - Table 1: please refer to comments above - Table 2: the CT data is not consistently report