

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14393

Title: Robotic radiosurgery in pancreatic cancer: A systematic review

Reviewer's code: 00070062

Reviewer's country: Romania

Science editor: Ya-Juan Ma

Date sent for review: 2014-10-03 21:01

Date reviewed: 2014-10-13 21:35

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 checked="" 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 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

Only minor revisions. Please correct the phrase from Introduction section:". Therefore, a strong interest in the use of RT techniques gaining higher level of precision did spread. with the aim of administering effective doses to the target while reducing the irradiation of surrounding healthy organs."

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14393

Title: Robotic radiosurgery in pancreatic cancer: A systematic review

Reviewer's code: 01557283

Reviewer's country: Japan

Science editor: Ya-Juan Ma

Date sent for review: 2014-10-03 21:01

Date reviewed: 2014-11-16 12:15

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"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

As the authors presented, robotic radiosurgery (RRS) seems an interesting therapeutic option for patients with locally non-resectable pancreatic cancer, who always have limited prognosis. In addition, RRS also seems interesting as a neoadjuvant treatment. RRS delivers a high dose of radiation precisely to a target as a single dose or in a small number of fractions. The authors well reviewed the data of RRS or stereotactic body radiotherapy (SBRT) in patients with advanced pancreatic cancer. As the authors finally pointed out, RRS or SBRT for borderline resectable pancreatic cancer seems also interesting. For example, Chuong et al recently reported the results of SBRT for locally advanced and borderline resectable pancreatic cancer (Int J Radiat Oncol Biol Phys. 2013 Jul 1;86(3):516-22). SBRT safely facilitates margin-negative resection in patients with BRPC pancreatic cancer while maintaining a high rate of local control in non-resectable patients. Therefore, the authors should discuss more about RRS or SBRT for borderline resectable pancreatic cancer. In addition, the authors should compare RRT or SBRT with the outcomes of chemotherapy, e.g., FOLFIRINOX, for borderline resectable and locally non-resectable pancreatic cancer.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 14393

Title: Robotic radiosurgery in pancreatic cancer: A systematic review

Reviewer's code: 00391342

Reviewer's country: Italy

Science editor: Ya-Juan Ma

Date sent for review: 2014-10-03 21:01

Date reviewed: 2014-11-08 18:28

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 type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<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"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

In their manuscript, Buwenge and co-authors systematically review currently available evidence on robotic radiosurgery in the treatment of locally advanced pancreatic cancer. The topic is interesting and timely and the literature review has been well conducted, providing interesting points for discussion and inspiration for performing prospective clinical trials with such novel RT delivery approaches. Perhaps the most important point to be addressed further is the current role of RT or CRT in pancreatic cancer: indeed, the authors may want to discuss, either in the introduction or in the discussion the current role of conventional EBRT using new conformational techniques (3D, IMRT, etc.). In my opinion, establishing the current role of conventional RT in pancreatic cancer is absolutely necessary to better gauge the improvements potentially achieved with the newer techniques proposed herein, as well as to set the stage within which the reported results should be judged. Thus an in depth discussion of this point in the different settings (adjuvant, locally advanced, palliative) would greatly enhance the interest for the discussion that follows, particularly because the role of conventional RT in many of these settings is still hotly debated. Minor points: 1) In Figure 1: the reasons for excluding 23 publications should be reported at least as footnote or in the figure legend. 2)



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For more clarity, I would discuss studies dealing with exclusive RRS (w or w/o chemo) first and studies in which RRS was added to conventional CRT subsequently, clearly separating the two study designs. 3) It could be useful to specify the criteria used in different studies to define locally advanced disease (where/if available), as they may vary considerably among different Centers. 4) Was reported toxicity any different in patients who had been already irradiated before receiving RRS? 5) Were any of the patients in the reported series subjected to surgery with curative intent? The authors should specify this point, even if no data is available, in the discussion section.