

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 28449

Title: FOLFIRINOX IN ELDERLY PATIENTS WITH PANCREATIC OR COLORECTAL CANCER. TOLERANCE AND EFFICACY .

Reviewer's code: 03475354

Reviewer's country: Germany

Science editor: Yuan Qi

Date sent for review: 2016-07-01 16:05

Date reviewed: 2016-07-04 17:35

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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

The manuscript by Guion-Dusserre and colleagues analyzes FOLFIRINOX in elderly patients with pancreatic (PDAC) and colorectal (CRC) cancer. This retrospective study included patients over 70 years and 52 patients were treated by FOLFIRINOX, 34 had CRC and 18 had PDAC. The authors show that FOLFIRINOX toxicities were manageable and that median survival rates were comparably good. This is a well written and clinical interesting and relevant study. There are some comments/concerns that should be addressed: ? Can the authors give a rough estimate of how many patients of the same age group during the study period received other chemotherapies or best supportive care only? I.e. what percentage of this population are candidates for FOLFIRINOX. ? It is difficult to compare different PDAC or CRC cohorts regarding survival. I would not think that this is stage matched; thus, I would tone down the conclusion about better survival. ? Some French words appear in the figures. ? Some typos and grammatical errors, e.g. "commun", "initially had a reduced dose initially" should be corrected.

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Title: FOLFIRINOX IN ELDERLY PATIENTS WITH PANCREATIC OR COLORECTAL CANCER. TOLERANCE AND EFFICACY .

Reviewer's code: 00699087

Reviewer's country: Japan

Science editor: Yuan Qi

Date sent for review: 2016-07-01 16:05

Date reviewed: 2016-07-16 08:51

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> 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
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

FOLFIRINOX in elderly patients with pancreatic or colorectal cancer. Tolerance and efficacy Guion-Dusserre JF et al. In this article, authors showed that efficacy and safety of FOLFIRINOX treatment for elderly patients with colorectal or pancreatic cancer. They concluded FOLFIRINOX is a feasible treatment in elderly patients with manageable toxicity and same efficacy with that of younger population. The paper included important points and I agree that it is important to discuss about the safety and efficacy of recent strong chemotherapy regimen for elderly patients in this era. However there are several points which they should consider. Major points are two. One is that there are no comparison with the younger patients. Another one is that why they used 70 years old as cut off. They compared the safety and efficacy data of elderly patients with reported data in literature. They should show the comparison with younger patients' data by pair matched study or something else. This comparison will strength their conclusion. Also they did not describe the reason of cut off. In addition, they did not show the age distribution of patients. Average and Median age was about 75 years old. This suggested that most of the patients were age under 80. However, in clinical setting,



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>

treatment decision of patients over 80 are the problem. They should show the stratified analysis by dividing patients with over and under 80. They should also show the difference between colorectal and pancreatic cancer patients, especially regarding the safety. In conclusion, I think this paper has very important aspects of clinical problem. However, revise is needed for acceptance.