

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 80623

Title: Comprehensive multimodal management of borderline resectable pancreatic cancer:

current status and progress

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02552068 Position: Editorial Board Academic degree: PhD

Professional title: Doctor, Senior Researcher, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2022-10-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-13 15:50

Reviewer performed review: 2022-10-13 16:20

Review time: 1 Hour

Scientific quality	[Y] Grade A: Excellent [] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The article is very well written and organized. However I found some acronyms that were not explained in the text or described below. For example, at page 19 when dealing with lymphadenectomy you wrote EPD and SPD without explanation. Moreover, CAR was explained in the paragraph next to the sentence in where you wrote it. Please, recheck that issue. Nevertheless, I recommend to publish the paper.



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Reviewer's code: 00077376

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-10-13

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-10-27 01:06

Reviewer performed review: 2022-11-04 12:57

Review time: 8 Days and 11 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y] Yes [] No



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statements	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This review is a well-written, comprehensive, and very detailed article that provides an update and recommendations for the future of the management of BRPC patients. However, the followings are the list of comments and questions. (1) "In the US, this disease ranks 10th and 9th among males and females, respectively", is unclear statement. "The morbidity rate of this disease" is correct (2) This disease is currently classified into four types for clinical management: resectable pancreatic cancer (RPC), borderline resectable pancreatic cancer (BRPC), locally advanced pancreatic cancer (LAPC), and unresectable pancreatic cancer (URPC). This statement is not correct. LAPC means locally advanced unresectable cancer. Unresectable pancreatic cancer (UR) is divided into locally advanced unresectable cancer (UR-LA) and metastatic cancer (UR-M). Please read the reference No. 15: In Table 1 of this paper, the criteria of respectability of Alliance, PJS and NCCN are shown with regard to R, BR (BR-PV, BR-A), UR (UR-LA, UR-M). (3) "At a median follow-up of 59 months, the neoadjuvant chemoradiotherapy group had an OS of 15.7 months, while the upfront surgery group had an OS of 14.3 months (HR, 0.73; 95% CI, 0.56-0.96; P = .025)." Is not correctly mentioned. In this sentence, OS means medial survival time (MST). This should be clearly mentioned. (4) The term, "total neoadjuvant therapy (TNT)", should be clearly defined. In the title of paragraph, you use the term, total neoadjuvnat chemotherpay. However, the reference No 49 defines the TNT as systemic chemotherapy followed by chemoradiation (CRT). Additionally, the reference No 50 stated that TNT which included a minimum of 4months of chemotherapy followed by 1 month of CRT prior to surgery. The author should clearly define the term of TNT. (5) "The standard lymph node dissection ranges are 5, 6, 8a, 12b1, 12b2, 12c, 13a, 13b, 14a, 14b, 17a, and 17b" is not correct. This is used for pancreatoduodenectomy (that is, pancreatic



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head cancer). While for cancer of the body and tail is removal of stations 10, 11, and 18 is standard.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Title: Comprehensive multimodal management of borderline resectable pancreatic cancer:

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00077376

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-10-13

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2022-12-14 01:53

Reviewer performed review: 2022-12-14 01:58

Review time: 1 Hour

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous



statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The revised manuscript has been corrected very well according to the reviewers' comments.