

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 59880

**Title:** Neutrophil-to-lymphocyte ratio and carbohydrate antigen 19-9 as prognostic markers for advanced pancreatic cancer patients receiving first-line chemotherapy

**Reviewer's code:** 03093768

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor, Chief Doctor, Doctor, Surgeon, Surgical Oncologist

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2021-02-24

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-02-27 05:18

**Reviewer performed review:** 2021-03-05 13:17

**Review time:** 6 Days and 7 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

statements

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

## SPECIFIC COMMENTS TO AUTHORS

It should be said that research on NLR and CA19-9 in the field of advanced pancreatic cancer is not uncommon. As a retrospective study, this article is a certain supplement to other similar studies. The article summarizes and analyzes the case characteristics of the author's medical center. There are some questions that need to be answered. 1. The exact definition of advanced pancreatic cancer needs to be explained. Is the locally advanced cancer truly advanced? Is there any literature support? Of course, I have also seen many literatures that local advanced pancreatic cancer was included as advanced pancreatic cancer for statistical analysis. 2. First-line chemotherapy is therapeutic chemotherapy for pancreatic cancer, not first-line palliative chemotherapy. The manuscript mentioned palliative chemotherapy in the part of method (line 40), why? 3. There are several modes of first-line chemotherapy. In this article, the first-line chemotherapy based on gemcitabine and other chemotherapy programs are not described in detail. It is recommended that the chemotherapy be clearly stated. 4. The article mentioned that chemotherapy was performed at least one cycle, but the evaluations were completed after two cycles of chemotherapy. Why? 5. The time for obtaining blood test specimens is too vague, and it is recommended to specify clearly. 6. Although most patients had a overall survival time of less than 12 months, but some patients had a survival time more than 3 years (according to the data in the article), was it reasonable to use a 1-year survival period as an ROC curve? Explanation is needed. 7. Some flaws about data, icons, grouping and others are annotated in the text, please read it.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

**Name of journal:** World Journal of Gastrointestinal Oncology

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**Professional title:** Associate Professor, Chief Doctor, Doctor, Surgeon, Surgical Oncologist

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2021-02-24

**Reviewer chosen by:** Chen-Chen Gao

**Reviewer accepted review:** 2021-05-06 13:22

**Reviewer performed review:** 2021-05-06 15:11

**Review time:** 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

1. In the section of “patients”, the chemotherapy is still called first-line palliative chemotherapy 2. No “table 4” was found in the manuscript. 3. In “table 1”, the number of patients “721” should be “271”. This kind of mistake is ridiculous. 4. The groups were labeled as “A, B, C” in the text but “a, b, c” in the figures. It should be consistent.