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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 21117

Title: Perioperative treatment options in resectable pancreatic cancer - how to improve long-term survival

Reviewer's code: 00236910

Reviewer's country: Australia

Science editor: Fang-Fang Ji

Date sent for review: 2015-07-02 08:23

Date reviewed: 2015-07-25 06:59

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

Excellent review on the perioperative management of pancreatic cancer. Just a couple of points for consideration. 1. Many healthcare systems have now centralized the Whipple procedures to specaialized centers so that each center would have a reasonable case load per year to improve surgical outcomes. Perhaps, the authors can touch on this issue briefly when they discuss the surgical complications and long-term survival. 2. Perhaps a brief discussion on perioperative medical management (of a lack of importance if the authors believe this is the case) on long-term survival will make the article more comprehensive. The obvious areas may include transfusion as a risk factor for recurrence, regional anesthesia on local recurrence of cancer (by avoiding morphine which can suppress immune function and regional anesthesia can affect lymphatic flow during surgery, etc).



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 21117

Title: Perioperative treatment options in resectable pancreatic cancer - how to improve long-term survival

Reviewer's code: 01192203

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2015-07-02 08:23

Date reviewed: 2015-07-31 23:00

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
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input checked="" 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

The review is intended to give an update on the state of the art in 2015 in the treatment of pancreatic cancer. The manuscript has clear defects Although it is not a systematic review, the methodology of research should be at least mentioned in the introduction. The oncologic part clear, concise and essential The radiological part should limit the use of acronyms for which must be made the spelling. They should be explained in more detail the radiologic criteria of unresectability. The surgical part is repetitive and should be reduced. It would be appropriate was supported by a wider bibliography integrating perhaps with summary tables. A figure that describes the technique of extended resection would be appropriate Some figures of CT / MR could clarify the concepts of resectability.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

ESPS manuscript NO: 21117

Title: Perioperative treatment options in resectable pancreatic cancer - how to improve long-term survival

Reviewer's code: 00503469

Reviewer's country: Netherlands

Science editor: Fang-Fang Ji

Date sent for review: 2015-07-02 08:23

Date reviewed: 2015-07-14 19:54

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

The manuscript is well written and structured in its composition. It contains tables which appears to be complete and easily accessible. In the introduction, the authors provide a short but clear overview and then the perioperative treatment options are well described, both from the clinical and the pathological point of views. Finally, the discussion provides a good comparison with the most important published studies, while the references are appropriate, and up-to-date.