

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

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Title: Utility of serum fibrosis markers: soluble type fractalkine, hyaluronic acid, monocyte chemoattractant protein-1 and transforming growth factor beta-1 as an early stage diagnostic markers in patients with chronic pancreatitis and pancreatic adenocarcinoma

Reviewer's code: 00831971

Reviewer's country: Japan

Science editor: Yuan Qi

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" 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 checked="" 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 type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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

This study examined serum levels of several markers for pancreatic fibrosis: soluble type fractalkine, hyaluronic acid, monocyte chemoattractant protein-1 (MCP-1), and transforming growth factor β -1 (TGF β -1) in patients with chronic pancreatitis (CP) and pancreatic ductal adenocarcinoma (PDAC). Although the study provides important information, some more analysis is required. (1) Etiology of CP should be described. Are some of the fibrosis markers related to the etiology? (2) Figure 6 shows that the TGF β -1 level is higher in PDAC with diabetes mellitus (DM) compared to PDAC without DM. TGF β -1 level in DM (type 1 and 2) patients should be provided if available. (3) CP is known to be a risk for PDAC. How about the levels of fibrosis markers in PDAC patients coexisting with CP? (4) Were some of the fibrosis markers related to the prognosis of PDAC? (5) Are the healthy controls age-matched to CP and PDAC patients? Are some of the fibrosis markers related to the age? (6) The relationship of the levels of those fibrosis markers and desmoplasia in PDAC should be examined in



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>

patients who underwent resection.