

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 21031

Title: Neoadjuvant treatment for resectable pancreatic adenocarcinoma

Reviewer's code: 02544379

Reviewer's country: Germany

Science editor: Xue-Mei Gong

Date sent for review: 2015-07-11 11:18

Date reviewed: 2015-07-12 19:25

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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

This is a well-written comprehensive and detailed overview of neo-adjuvant trials in pancreatic cancer. I would suggest adding the radiation dosages that were used in the different studies to make comparison easier.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Oncology

ESPS manuscript NO: 21031

Title: Neoadjuvant treatment for resectable pancreatic adenocarcinoma

Reviewer's code: 02445450

Reviewer's country: United States

Science editor: Xue-Mei Gong

Date sent for review: 2015-07-11 11:18

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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 checked="" 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"/> 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 checked="" type="checkbox"/> Minor revision
		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

I agree that this review is very informative and contains a lot of references. This manuscript needs some reconsideration. Among the descriptions, the information of ACOSOG Z5041 is very exciting. The authors say that this phase II study will announce the benefit of erlotinib as an adjunct to gemcitabine as an neoadjuvant. Are there any publications to show the evidence that this phase II study demonstrates the future possibility of addition of erlotinib to the neoadjuvant therapy for resectable pancreatic cancers? In NIH website for NCT00733746, I could find no study results posted. The authors seem to cite reference 25 as an evidence of the above conclusion, but reference 25 was published in 2007 and deals patients with advanced pancreatic cancer. In this phase II study, one of eligibility criteria is localized, potentially resectable tumors. Thus, please provide information sources, like publications or personal communications, to say 'The ACOSOG Z5041 will address the benefit of erlotinib as an adjunct to gemcitabine given perioperatively in resectable settings'. In addition, there are no comments on e-cadherin in the biomarker section. It look more persuasive if more publications are included to explain why e-cadherin is used for the biomarker of erlotinib, like e-cadherin for erlotinib usage in patients with non-small-cell lung cancer. Please explain the role of e-cadherin as a



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biomarker for erlotinib in the biomarker section.