



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 39386

Title: Pancreatic, periampullary and biliary cancer with liver metastases: Should we consider resection in selected cases?

Reviewer’s code: 03647581

Reviewer’s country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2018-04-17

Date reviewed: 2018-04-17

Review time: 7 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The authors provide a good review of the literature about the topic of liver resection for non-colorectal non-neuroendocrine liver mets. This topic is worthy of investigation as the indications to resection have already been expanded to the locally advanced disease



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and the future will probably be that of a surgery also on liver mets. The conclusions are fortunately moderate, not like in certain papers that conclude stating that liver resection for pancreaticobiliary stage IV cancers are safe and for this reason they must be proposed to the patients. I have several concerns about the present paper: - In result section: "Pancreatic ductal [...] of patients to achieve resection" these two paragraph are completely useless. This is a review about surgery for stage IV pancreaticobiliary disease, so please remove all the paragraphs concerning the evolution of treatment of PDAC. - while searching on pubmed/embase you missed these two papers: Frigerio et al Ann Surg Oncol. 2017 Aug;24(8):2397-2403 and Lu F et al Chin J Cancer Res. 2015;27(4):358-67. - Page 5: "Use of gemcitabine as adjuvant chemotherapy and not offering neoadjuvant chemotherapy may have impacted survival outcome". If it is an authors' opinion it should be in the discussion section, if not this needs a reference. - Why biliary tract and ampullary cancer are considered together in the result section? These are completely different disease entities in terms of prognosis. Maybe only pancreaticobiliary carcinomas of the Ampulla of Vater are similar to cholangios. - Similarly to what I have suggested for PDAC, please remove the first three paragraphs in the Biliary tract and ampullary cancer section. These are not consistent with the aim of the paper. - Is the chapter "Prognostic factors affecting survival" referring only to cholangiocarcinomas and ampullary cancer? If not, how do you can rely on data derived from a large (and old, 2006) series including PDAC, cholangios, ampullary? It is like considering apples and pears together. - The only crucial evidence is that metachronous liver resection is better thanks to patients' selection and the use of chemotherapy is even better because avoid useless resections in patients that would risk to have an early recurrence. The authors should focus on this. This must be the "red line" to follow in the discussion section that now are very poor. - "The evidence to support liver resection for biliary tract tumor is even more limited because of the rarity, heterogeneous nature of the



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tumors with different site of origin, the various patterns of recurrence of the disease and high mortality rate associated with procedure." What are the authors talking about? This statement needs a reference.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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- Plagiarism
- [Y] No

BPG Search:

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- [Y] No



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 39386

Title: Pancreatic, periampullary and biliary cancer with liver metastases: Should we consider resection in selected cases?

Reviewer’s code: 03271124

Reviewer’s country: Thailand

Science editor: Fang-Fang Ji

Date sent for review: 2018-04-17

Date reviewed: 2018-04-23

Review time: 6 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The overall structure of this review manuscript are well written. However, there are no new hypotheses and future direction for the clinical applications. 1. For the pancreatic cancer, there are a number of studies about the palliative adjuvant therapy with



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comparable overall survival rate with the liver resection series. This issues should be described in this review. 2. The manuscript contain some of the misinterpretation of the reference articles. For example, Wakai et al [70]. the study enrolled the patient with gallbladder and extra-hepatic cholangiocarcinoma who underwent hepato-pancreatoduodenectomy not the bile duct cancer with liver metastasis. These type of cancer have different nature from the liver metastases from bile duct cancer. 3. The chemotherapy in the future section, is there any new modality of treatment or the new ongoing trial for the pancreatic cancer and biliary tract cancer? Currently, there are a lot of data about this topic to be discussed in this part. 4. The summary of the prognostic factor that affecting survival especially in the biliary and Ampullary cancer from the study of Adam et etl [13], Groeschl et al [81], and lendoir et al [82] were from the all population with non-colorectal and non-neuroendocrine liver metastasis not only biliary tract and Ampullary cancer. This could mislead to the readers. 5. The data in the biliary tract were not sufficient to summary because of the very small population. Although the Adams et al. contained large number of the population study, the biliary tract and Ampullary cancer patients are only 28 patients. Kurosaki et al. and De Jong et al. studies are only 13 and 15 patients respectively. 6. What is the use of liquid biopsies and assessment of ctDNA that you state in the conclusion? This issues are not discussed in the main text.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 39386

Title: Pancreatic, periampullary and biliary cancer with liver metastases: Should we consider resection in selected cases?

Reviewer’s code: 00043819

Reviewer’s country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2018-04-16

Date reviewed: 2018-04-26

Review time: 9 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Good review of interesting topic. Some issues: - Flow-chart of the literature review should be added; - The extension of hepatic resection for synchronous metastases and the site of primary pancreatic cancer (head vs tail) should be considered when



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planning the surgical treatment. - The possible role of neoadjuvant therapy in metachronous metastases should be discussed.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 39386

Title: Pancreatic, periampullary and biliary cancer with liver metastases: Should we consider resection in selected cases?

Reviewer’s code: 01191922

Reviewer’s country: China

Science editor: Fang-Fang Ji

Date sent for review: 2018-04-17

Date reviewed: 2018-05-03

Review time: 16 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
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			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

The manuscript discusses an interesting topic: surgical resection for pancreatic, periampullary and biliary cancer with liver metastases. The Result Section is tedious and doesn’t focus on the key topics. Some paragraphs should be placed in the Introduction



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and Discussion Sections.

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