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# PEER-REVIEW REPORT

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

**Manuscript NO:** 42267

**Title:** Multicenter phase II trial of modified FOLFIRINOX in gemcitabine-refractory pancreatic cancer

**Reviewer's code:** 03805515

**Reviewer's country:** Sri Lanka

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-09-19

**Date reviewed:** 2018-10-06

**Review time:** 17 Days

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|---|---|---|---|
| [ ] Grade A: Excellent | [Y] Grade A: Priority publishing | [ ] Accept (High priority) | Peer-Review: |
| [ ] Grade B: Very good | [ ] Grade B: Minor language polishing | [Y] Accept (General priority) | [Y] Anonymous |
| [Y] Grade C: Good | [ ] Grade C: A great deal of language polishing | [ ] Minor revision | [ ] Onymous |
| [ ] Grade D: Fair | [ ] Grade D: Rejection | [ ] Major revision | Peer-reviewer's expertise on the topic of the manuscript: |
| [ ] Grade E: Do not publish | | [ ] Rejection | [ ] Advanced |
| | | | [Y] General |
| | | | [ ] No expertise |
| | | | Conflicts-of-Interest: |
| | | | [ ] Yes |
| | | | [Y] No |

## SPECIFIC COMMENTS TO AUTHORS

Congratulations on the work done. This study lays out the initial platform for larger comprehensive randomised trials to evaluate the efficacy and safety of modified FOLFIRINOX as a second-line treatment for gemcitabine refractory unresectable

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pancreatic cancer. Trial end points are well defined and analysed. I would like to raise the concern regarding the quality of life assessment using EORTC questioner. Was the questioner used a translated version with validation ? was it self administered or interviewer administered. If the English version was used please mention and include it on the discussion.

**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:** 42267

**Title:** Multicenter phase II trial of modified FOLFIRINOX in gemcitabine-refractory pancreatic cancer

**Reviewer's code:** 01191922

**Reviewer's country:** China

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-09-28

**Date reviewed:** 2018-10-07

**Review time:** 9 Days

| SCIENTIFIC QUALITY | LANGUAGE QUALITY | CONCLUSION | PEER-REVIEWER STATEMENTS |
|---|---|---|---|
| [ ] Grade A: Excellent | [ ] Grade A: Priority publishing | [ ] Accept (High priority) | Peer-Review: |
| [Y] Grade B: Very good | [Y] Grade B: Minor language polishing | [ ] Accept (General priority) | [Y] Anonymous |
| [ ] Grade C: Good | [ ] Grade C: A great deal of language polishing | [Y] Minor revision | [ ] Onymous |
| [ ] Grade D: Fair | [ ] Grade D: Rejection | [ ] Major revision | Peer-reviewer's expertise on the topic of the manuscript: |
| [ ] Grade E: Do not publish | | [ ] Rejection | [Y] Advanced |
| | | | [ ] General |
| | | | [ ] No expertise |
| | | | Conflicts-of-Interest: |
| | | | [ ] Yes |
| | | | [Y] No |

## SPECIFIC COMMENTS TO AUTHORS

The authors should be congratulated on their nice work, which showed that modified FOLFIRINOX had acceptable toxicity and promising efficacy for gemcitabine-refractory unresectable pancreatic cancer. However, I have several comments about this

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manuscript. More baseline characteristics including tumor size and other tumor markers (CEA and CA125) should be listed in the Tables. One limitation of this work is the lack of a control group, such as patients received best supportive care. Although the sample size is small, this work would be better if the authors conduct some subgroup analyses. For example, studies have shown patients with liver metastasis had poorer survival than those with lung metastasis.

**INITIAL REVIEW OF THE MANUSCRIPT**

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[ ] Plagiarism

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# PEER-REVIEW REPORT

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

**Manuscript NO:** 42267

**Title:** Multicenter phase II trial of modified FOLFIRINOX in gemcitabine-refractory pancreatic cancer

**Reviewer's code:** 02544757

**Reviewer's country:** Taiwan

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2018-09-19

**Date reviewed:** 2018-10-07

**Review time:** 18 Days

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

## SPECIFIC COMMENTS TO AUTHORS

In the current article, Chung and Kang et al reported results of a multicenter phase II trial evaluating the efficacy and safety of uniquely modified FOLFIRINOX with reduced irinotecan and oxaliplatin in locally advanced and metastatic pancreatic cancer patients

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who failed gemcitabine (GEM)-based regimen. This trial demonstrated the adequate objective response rate, disease control rate, and the optimal global health status score except higher grade 3 to 4 of neutropenia. The authors also summarized the current clinical trials of second-line treatment for gemcitabine pre-treated unresectable pancreatic cancer. The optimal results of current multi-center clinical trials indicated that reduced dose of FOLFIRINOX can be a treatment option for un-operable pancreatic cancer patients who failed gemcitabine-based regimen. There are minor issues should be addressed:. 1. In the results section, the pathologic characteristics of enrolled patients are not clear? 2. In the results section, if author could provide an example of patients who achieved CR or PR after receiving reduced dose of FOLFIRINOX, it will be helpful for readers. 3. In the discussion section, as authors mentioned that "NAPOLI-1 trial, the preferred second-line therapy for MPC in current guidelines showed the more non-hematologic adverse events (AEs) but less neutropenia when compared with the current results", the authors may revise the sentences in the conclusion section, at least, state that in addition to nal-IRI plus 5-FU, the modified FOLFIRINOX with reduced irinotecan and oxaliplatin plus prophylactic GCSF may be considered a treatment option for patients with GEM-refractory unresectable PC.

**INITIAL REVIEW OF THE MANUSCRIPT**

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[Y] No