

# Review of: "Resectable Pancreatic Cancer With Peritoneal Metastases: Is Cytoreduction Combined With Hipec Effective and When?"

Dezső Kelemen<sup>1</sup>

<sup>1</sup> University of Pecs

Potential competing interests: No potential competing interests to declare.

## Reviewer's comments and questions

The study deals with a relevant problem, namely the therapy of pancreatic cancer with peritoneal seedings. A new perspective has been raised, namely the cytoreductive surgery plus HIPEC. The early results are encouraging, but the subgroup of patients who could profit from this regimen should be defined.

- In the Introduction, the history of CRS and HIPEC and also the tumour types where it can be an effective therapeutical option (like ovarian cancer, pseudomyxoma peritonei) should be mentioned.
- It is not clear whether there was another type of oncological therapy before and after the CRS and HIPEC?

There were publications from Heidelberg, Germany, that the neoadjuvant chemotherapy (Folfirinox) resulted in 60% resectability in the case of locally advanced/borderline tumours (1) and also the 5-year survival rate was 40% after radical operation and adjuvant oncological treatment (2). These data should be included in the Discussion because the authors reported much worse data regarding this topic.

1.Hackert T, Sachsenmaier M, Hinz U et al: Locally advanced pancreatic cancer. Neoadjuvant therapy with Folfirinox results in resectability in 60% of the patients. Ann Surg 2016; 264: 457-463.

2.Strobel O, Hank T, Hinz U et al: Pancreatic cancer surgery- The new R-status counts. Ann Surg 2017; 265: 565-573.

After adequate reply, I recommend the manuscript for publication.