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

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Potential competing interests: No potential competing interests to declare.

The argument discussed in the paper is really interesting because the epidemiology of pancreatic ductal adenocarcinoma is rapidly evolving, and we need to face more patients with more aggressive disease. It is undoubtable that your experience can help to understand how to treat metastatic disease, even if the patient series is small. In order to better explore, define, and complete your cases, I give some suggestions:

- CA19.9 levels are not present in the table. You need to clarify when it was measured (at diagnosis, before surgery, after neoadjuvant treatment, etc.).
- Histopathological data (R margin, tumor grade, angio- and neuro-invasion) are lacking. It would be very helpful to display all of these in a separate table.
- In the statistics paragraph, you wrote that differences in the means of continuous measurements were tested. There are no different groups in your study, so I don't understand what type of differences you are analyzing, and moreover, I didn't find any of these statistics in the results or in the tables.
- What type of neoadjuvant treatment was used? How did you evaluate the response to neoadjuvant treatment? You should explain.
- As regards survival, from which time point was it calculated? From diagnosis, first surgery, or first cycle of neoadjuvant treatment? For a correct interpretation, it is extremely important to underline the timeline.
- Because this is a paper about surgery in pancreatic cancer, it will be helpful to describe the postoperative pancreatic fistula complications as separate from the Clavien-Dindo classification.
- In the first table, "No of pts" can be confusing; maybe "No of surgical cases" is better. Because the number of patients does not agree with the number of variables described.
- In the univariate and multivariate analysis, the Hazard Ratio and the 95%CI should be shown, as the correct common practice requires.