

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

Michela Guardascione

Potential competing interests: No potential competing interests to declare.

Although this is an interesting case series study on pancreatic cancer with peritoneal metastasis, the small number of patients, as well as the heterogeneity of the patient population and study procedures, represents important issues for a correct interpretation of the study results. Indeed, in the study, 1/10 patients (pts) had synchronous liver metastases, 2/10 pts received neo-adjuvant systemic chemotherapy, and some heterogeneity of the chemotherapy regimens used for HIPEC was reported. Finally, 3/10 patients underwent secondary cytoreduction.

In addition to the above, the manuscript should be subjected to some minor revisions.

-Although the results were only promising, in the cited publication (reference 13), the authors reported as “excellent” (paragraph Introduction, line 17) the results achieved in the study. Therefore, authors should express better the real magnitude of benefit for peritoneal cytoreduction in the mentioned study.

-When authors say that “the presence of metastatic liver disease in pancreatic cancer is no longer considered unresectable disease” (paragraph Introduction, lines 19-20), they should support the statement with more literature than they have done. This is because the role of surgery in metastatic pancreatic cancer is at least questionable.

-What authors state in lines 20-22 (paragraph Introduction) should be either reformulated or removed. Indeed, “patients... may be offered a significant survival benefit from surgery” could be replaced with “patients...may derive significant survival benefit from surgery,” whereas the sentence “The limit of surgery in these situations is still unknown” sounds confusing and does not fit adequately with the concepts that have been said before.

-Please explain better what LS means in the tumor volume assessment (paragraph Patient-Methods).