Reviewer’s report

Title: Tumor size as measured at initial X-ray examination, not length of bile duct stricture, predicts survival in patients with unresectable pancreatic cancer

Version: 3 Date: 3 July 2012

Reviewer: Henrik Thorlacius

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Forsell et al have retrospectively examined the impact of tumor size on survival in patients with non-resectable pancreatic cancer. This observation is relatively new and merits attention.

1. It is unclear if gemcitabine was taken into consideration and adjusted for in the survival analysis. If so, it is difficult to know the value of tumor size for survival since one does know the number of gemcitabine cycles patients are receiving when having their first imaging of the pancreatic cancer.

2. Did the see if tumor size data correlated with stricture length data?

3. “Larger” should be “smaller” (discussion, line 13)?

4. Abbreviations should be explained, such as WBC, AST, LDH, BUN etc. throughout the manuscript.

5. The given data on sensitivity and positive predictive value of CT for detecting pancreatic adenomcarcinoma are way too high. Using more references the values will drop significantly. For example pancreatic cancer <3 cm are on detecting in 50% of cases with CT.

6. Authors should mention endoscopic ultrasound in the discussion which is the most sensitive and precise imaging method of pancreatic cancers.

7. If the median stricture length was 2 cm why are the 54 patients in one group and 34 patients in the other group? The groups should be equal in size per definition.

8. The authors need to include studies that support their present report. For example, two recent studies (Parlak et al. 2012, Sanjay et al. 2012) reported that tumor size predicts survival.


Sanjay P, de Figueiredo RS, Leaver H, Ogston S, Kulli C, Polignano FM, Tait IS. Preoperative serum C-reactive protein levels and post-operative lymph node ratio
are important predictors of survival after pancreaticoduodenectomy for pancreatic ductal adenocarcinoma. JOP. 2012 Mar 10;13(2):199-204.