Reviewer’s report

Title: Meta-analysis on resected pancreatic cancer: A comparison between adjuvant treatments and gemcitabine alone

Version: 0 Date: 15 Sep 2018

Reviewer: Reviewer 2

Reviewer's report:

PEER REVIEWER COMMENTS: To view the full report from the academic peer reviewer, please see the attached file.

REVIEWER COMMENTS FROM REPORT: Current impression: This is a very specific study ONLY looking at RCTs using either GEm or Gen with another chemotherapeutic agent as adjuvant therapy in pancreatic cancer after a curative resection. In this regard it is well done and show no benefit of adding the other agents they studied to GEM alone other than showing that adding S-1 leads to better survivals. If I had any problems, my thoughts would be that this paper does not analyze critically the newer more promising adjuvant trials that use agents WITHOUT GEM. What this study only hints at is the recent interest in regimens that do not use Gem such as Folfirinox it the trials that are underway comparing Gem with Gem and Nab-Paclitaxil. yes they mention many of these but the twist in their discussion is not that these newer agents seem better; they only say they are different and promising.

What have the authors done well: the methodology involved analyses for both bias, heterogeneity, and quality as would be necessary in a state of the art meta-analysis and they have limited their analysis to only RCTs that only used gemcitabine (Gem) or Gem with another agent like 5 FU, or Cap, or GemErlo? s6 in this regard, the study is well oriented to this specific question.

In what ways does it not meet best practice: Actually the study will of course need lots of editing but the methodology of the meta-analysis is quite good with evaluations of bias, heterogeneity, and quality and the inclusion criteria are solid.

REQUESTED REVISIONS:

Comments for authors

1. Page 3 line 7 I assume the term retroperitoneal really means local recurrence and not retroperitoneal nodal disease better be more clear
2. In the second paragraph of the intro you should probably not say chemoradiation when referring to only radiation with 5FU used as a chemo-sensitizing agent see page 3 line 17 the phrase "chemoradiation (with or without chemotherapy) is very confusing

3. Page 4 line 15 better define what you mean by R0 i.e. no tumor at resection margin OR no tumor within 1mm of resection margin. Most now use the British definition of no tumor within 1mm of margin

4. Page 4 line 17 need to define the abbreviations

5. Did you try to contact the authors of references # 21 and 22 to clear up the lack of detailed data? If not, why?

6. Am I correct to understand that you excluded the JASPAC 01 trial? Why if it otherwise fit the criteria for inclusion? Excluding it may very well bias your results. The "assumption" that because it is an outlier that it is not acceptable does not seem to this reviewer to be scientifically honest despite it being an outlier provided the study otherwise fit your criteria!

7. This trial is only looking at the results of trials with Gem alone or Gem and another agent(s). While I understand this design, the more recent introduction and considerable interest in Folfirinox and several other newer regimens that most pancreatologists now believe are superior to Gem question the timeliness of this meta-analysis. If meant as an update on the Gem trials despite the newer agents maybe that should be stressed upfront in the introduction

8. I really think you need to define exactly in the text of the manuscript the "other agents" used in the trials that were compared to Gem alone. From my reading of the text, you never really mention them and rely on the reader looking at Table 1. Many of the readers will not do that and because they are not specified in the abstract, the reader will be confused- sorry but many won't continue so define these other agents evaluated with Gem on page 2 line 11 in abstract, page 4 Lines 3 and 4, and page 6 line 12. Also on page 4 line 10 did you also search S-1, 5FU, and Gem-er

ADDITIONAL REQUESTS/SUGGESTIONS:

Yes I think a more realistic discussion of the future of Gem as an adjuvant therapy combines with S-1 compared to Folfirinox or some of the other gents should be suggested, because this is really the current state of the art. the future will involve "personalized" therapy based on the genomic footprint of the individual tumor.
Are the methods appropriate and well described? 
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls? 
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown? 
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review? 
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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