OPEN PEER REVIEW

Open Peer Review (OPR)

As a new feature for progressing towards transparency, we decided to open a new window for all of our editors as well as authors titled "**Open Peer Review**". We hope by this new facility, our reviewers will be more motivated and authors will be more satisfied with the review process. We believe that publishing our peer review reports could make a transparent and clear environment for all our efforts within a journal, but not all reviewers tend to publish their comments.

What is "Open Peer Review" process?

An "Open Peer Review" process is making the details of all review process (including reviewers, associate editors, and EICs comments) as "Public" as it is agreed by EIC, Authors, and reviewers.

Advantages of "Open Peer Review" process

- More transparency, constructiveness and tactful comments of the peer review process: leads to an increase in the quality of reviews
- More motivations for all involved roles in the review process
- Authors' satisfactions from the review process: Increases honesty between authors and reviewers
- Education of both authors and new students
- Prevents reviewers from following their individual agendas and leading to the detection of reviewers' conflicts of interests

You can find out more at:
https://sites.kowsarpub.com/kowsar/knowledgebase/category/tree.html#opr.html

International Journal of Cancer Management
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Peer Review Report for "Predictive Value of Lymph Node Ratio in Patients with Pancreatic Cancer Treated with Pancreatoduodenectomy"

Author(s): Mahdi Attarian, Mohsen Aliakbarian, Ali Taghizadeh kermani, Fahimeh Attarian, Sakineh Amouian, Mona Najaf Najafi

Review Timeline:

Submit Date:	12 May 2020
Revised Date:	6 Dec 2020
Accepted Date:	7 Dec 2020

Revision (0)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (0) — 24 May 2020

Dear AE,
Comments for the authors:
You have mentioned that " We found no association between sex, tumor size, tumor differentiation rate, disease stage, and total number of metastatic lymph nodes and overall survival rate; although age (P=0.04), surgical radial margin (P=0.001), lymph node status (N0, N1) (P=0.01) and LNR (P=0.01) were the most important prognostic factors for survival in the patients.
But, it is well known that " The Stage is the most important prognostic determinator.
- Please review your data and make sure about this very unusual claim.
Regards,

REFEREE: Reviewer | **Revision** (0) — 4 Jul 2020

Dear AE,
At the beginning thanks to the authors for this prospective reserach but Please check the keywords and use MeSH for the best result.
Comments for the authors:

- There are some confusing data in your research , for exmple the number of dissected lymph nodes and R0 resection are very important indicators for adequacy of surgery, and the final result; that in your research some patients did not have undergo lymph nodes dissection and 16 patients had margin positive resection that totally affects survival without attention to the number of lymph nodes involvement and in analysing you should take into consideration.
Thanks.

Farid Moradian: Associate Editor | **Revision** (0) 13 Jul 2020

Dear EIC,
The authors should see reviewers' comments and response their questions.
Thanks.

REFEREE: EIC | **Revision** (0) 14 Jul 2020

Dear authors,
Please revise your manuscript according to the reviewers' comments.
Thanks.

OPEN PEER REVIEW

Revision (1)

Reply to Reviewers

Ideally, the reviewing process can significantly improve the submitted manuscripts by allowing the authors to take into account the advice of reviewers. Author(s) must reply to all reviewers' comments in a separate Word file, point by point. A "**Reply to Reviewers**" document is submitted along with revised manuscript during submission of revised files, summarizing the changes that the authors made in response to the reviewers' comments. The responses to reviewers' comments specifies how the authors addressed each comment the reviewers made.

You can read the authors' responses to the reviewers' comments in the next page.

Manuscript ID: 104861

Dear Editor-In-Chief;

We appreciate the time and effort that you and the reviewers dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper. We have incorporated most of the suggestions made by the reviewers. Those changes are highlighted within the manuscript. Our responses follow, in red, for a point-by-point response to the reviewers' comments and concerns. (the reviewers' comments are in ***italics***).

Response to Reviewer #1:

Reviewers' Comments:

Reviewer 1:

You have mentioned that " We found no association between sex, tumor size, tumor differentiation rate, disease stage, and total number of metastatic lymph nodes and overall survival rate; although age (P=0.04), surgical radial margin (P=0.001), lymph node status (N0, N1) (P=0.01) and LNR (P=0.01) were the most important prognostic factors for survival in the patients.

"
But, it is well known that " The Stage is the most important prognostic determinator.
Please review your data and make sure about this very unusual claim.

1. We agree with dear reviewer that "Stage of the disease", is one of the important prognostic factors for survival of the patients. We reviewed the data and we reached the same result again. The possible explanation is the small sample size in each different stage which may affect the survival distinction between the groups.
Although stage was not the focus of this study, we have discussed this subject as the limitation of the study:
"As well, the small sample size in each different stage may affect the survival distinction between the groups and so we didn't find any significant relationship between cancer stage and survival rate."

Reviewer 2:

2. Please check the key words and use MeSH for best result.

As suggested by the reviewer, the key words were revised.
"pancreatic neoplasms, survival, adenocarcinoma, lymphatic metastasis"

There is some confusing data in your research , for example the number of dissected lymph nodes and R0 resection are very important indicators for adequacy of surgery and the final result; that in your research some patients did not have undergo lymph nodes dissection and 16 patients had margin positive resection that totally affect survival without attention to the number of lymph nodes involvement and in analyzing you should take into consideration.

A) All patients underwent lymphadenectomy including LN stations no. 5, 6, 8a, 12b1, 12b2, 12c, 13a, 13b, 14a, 14b, 17a, and 17b. The low number of reported lymph nodes is related to suboptimal examination of lymph nodes by the pathologists. Although it seems logical that these cases have not had significant involved nodes in whom the pathologist reported no node or few number of nodes, but it is not verifiable. We have discussed this subject as the limitation of the study.

B) 16 patients had positive radial or circumferential margin which is related to tumor size and not surgical technique. The transection margin was negative in all patients.

We would like to thank the reviewers for careful and thorough reading of this manuscript and for the constructive suggestions, which help to improve the quality of this manuscript.

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Revision (1)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Reviewer | **Revision** (1) 14 Oct 2020

Dear AE,
As the authors mentioned this article has some limitations that they can not rely on its results and the best method for solving this problem using multiple center results and focusing on pathologists report about number of lymph nodes and margins status.
After that, they can discuss their primary theory that is predictive value of number of lymph nodes in pancreatic cancer patients.
Thanks.

REFEREE: Associate Editor | **Revision** (1) 11 Nov 2020

Dear EIC,
This manuscript is very good. I recommended that the cases with positive margin are exclude from article.
Thanks.

REFEREE: EIC | **Revision** (1) 11 Nov 2020

Dear authors,
Please revise your manuscript according to the associate editor's comments. In addition, please define all abbreviations when they are used for the first time in the manuscript, such as "LN". Also, all abbreviations used in each table should be defined below that table.
Thanks.

OPEN PEER REVIEW

Revision (2)

Reply to Reviewers

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Manuscript ID: 104861

Dear Editor-In-Chief;

We appreciate the time and effort that you and the reviewers dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper. We have incorporated most of the suggestions made by the reviewers. Those changes are highlighted within the manuscript. Our responses follow, in red, for a point-by-point response to the reviewers' comments and concerns. (the reviewers' comments are in ***italics***).

Response to Reviewer #1:

Reviewer 1:
Dear author,
As you mentioned this article has some limitations that you cannot rely on its results and the best method for solving this problem using multiple center results and focusing on pathologists report about number of lymph nodes and margins status.
After that you can discuss about your primary theory that is predictive value of number of lymph nodes in pancreatic cancer patients.

We appreciate your idea about multicentric study and we are following this idea for better collaborations. But for this study we believe that in spite of some limitations, results are reliable and valuable. As well, this study has helped us to get the idea, find the limitations, and to plan further studies.

Associate Editor's Comments:

Associate Editor 1:
Dear authors,
This manuscript is very good. I recommended that the cases with positive margin are exclude from article.

Thank you from your positive concept from our study. As we understand from your comment, you have interpreted "the positive margin" as incomplete resection and so you suggested to exclude these cases from the study. But according to different studies, the exact definition of the margin status in pancreatic cancer is not clear. As an example Caroline S.[1] stated that: " The rate of microscopic margin involvement (R1 rate) for pancreatic cancer varies between published studies from less than 20% to more than 80%." And "Recent studies report a consistently higher R1 rate (70% or more) if a novel grossing technique based on axial specimen dissection and extensive tissue sampling is used."

So, microscopic positive margin especially soft tissue near SMA and SMV is usual and does not necessarily means incomplete resection. Furthermore, all the whipple procedures are done by a single experienced HPB surgeon in a high volume center with more than 60 whipple procedures per year that may assure there is no technically incomplete resection.

1. Caroline S. Verbeke. Resection Margins in Pancreatic Cancer. Surg Clin N Am 93 (2013) 647–662.

EIC Decision:

Dear authors,
Please revise your manuscript according to the associate editor's comments. In addition, please define all abbreviations when they are used for the first time in the manuscript, such as "LN". Also, all abbreviations used in each table, should be defined below that table.

The correction has been made as suggested.

Best Regards

OPEN PEER REVIEW

Revision (2)

Here, you can see the **Reviewers**, **Associate Editors** and **EICs'** comments from the beginning to the end of the revision process.

REFEREE: Associate Editor | **Revision** (2) 7 Dec 2020

Dear EIC
Based on the authors' answers to the reviewers' comments, the reviewer(s) have recommended publication.
Kind regards.

REFEREE: EIC | **Revision** (2) 7 Dec 2020

Dear authors,
Thank you for revising your manuscript.
Regards