

Peer Review File

Article information: <https://dx.doi.org/10.21037/apc-23-6>

**Reviewer A**

This is an interesting study that addresses the problem of the underrepresentation of developing countries in randomized clinical trials. Clear methodology. Please pay attention to punctuation. Please find attached minor edits.

Comment 1:

118: until 2018, only a few standard options were available for treating pancreatic carcinoma when (erase there)

119 and these were limited to only Gemcitabine until 2011

Reply 1:

We have modified our text as advised (see page 1, Line 21)

Changes in the text:

Until 2011, only a few standard options were available for treating pancreatic carcinoma and these were limited to only Gemcitabine

Comment 2:

128: systematic (systemic)

Reply 2:

We have modified our text as advised (see page 1, Line 29)

Changes in the text:

A Systematic review and meta-analysis

Comment 3:

133: erase so

Reply 3:

We have modified our text as advised (see page 1, Line 33)

Changes in the text:

Indian subcontinent, we have

Comment 4:

inclusion criteria:

erase should be, change sentences to past tense (patients had)

Reply 4:

We have modified our text as advised (see page 2, Line 48)

Changes in the text:

Patients had adequate hematologic, renal &

Comment 5:

199: pancreatic adenocarcinoma (of carcinoma pancreas)

Reply 5:

We have modified our text as advised (see page 3, Line 90)  
Changes in the text:  
proven patients pancreatic adenocarcinoma who were found

Comment 6:

206: erase: that is, were in

Reply 6:

We have modified our text as advised (see page 3, Line 96)

Changes in the text:

In this present study, the majority of cases, 35.30% were in the 61-70

Comment 7:

210: (unresectable), head (be careful with punctuation)

Reply 7:

We have modified our text as advised (see page 4, Line 99) (see page 4, Line 101)

Changes in the text:

patients were in the locally advanced unresectable stage.

Head of the pancreas (73.5%) was the

Comment 8:

217: smokers (erase a)

Reply 8:

We have modified our text as advised (see page 4, Line 105)

Changes in the text:

6 (17.6%) patients were smoker

Comment 9:

229: no hematological

Reply 9:

We are describing the incidence of Non-hematological toxicities (see page 4, Line 116)

Changes in the text:

Non-hematological toxicities were nausea (55.9%) and fatigue (52.9%)

Comment 10:

308, 327: modified

Reply 10:

We have modified our text as advised (see page 6, Line 184, 189, 196, 200)

Changes in the text:

Notably, modified FOLFIRINOX demonstrated

While our single-center experience with modified FOLFIRINOX has

**Reviewer B**

Comment 11:

1. The manuscript is well presented. The median OS in this cohort is 11 months. I suggest adding the discussion and comparison of the efficacy and toxicity data from this cohort with those from published cohorts and phase 3 FOLFIRINOX study.
2. “Furthermore, the median OS reached 15 months, reflecting a substantial improvement compared to historical survival rates with other chemotherapy regimens(13).” Reference 13 is about patients of locally advanced and borderline resectable pancreatic cancer., not metastatic pancreatic cancer.

Reply 11:

We added some data (see page 6, Line 184 to 189)

Changes in the text:

The results of our study, which involved 34 patients, showed a median progression-free survival (PFS) of 8 months (95% CI 5-9) and a median overall survival (OS) of 11 months (95% CI 8-12). Our findings align with some of the previously conducted studies, further contributing to the existing knowledge in this field (Table 4).

Study	Patients, n	PFS (months)	OS (months)
Our study	34	8 (95% CI 5-9)	11 (95% CI 8-12)
Cavanna et al.	50	5.63 (95% CI 0.4-21.93)	10.07 (95% CI 0.53-28.2)
Stein et al.	37	6.1 (95% CI 5.19–8.31)	10.2 (95% CI 7.65–14.32)
Li et al.	62	7	10.3

Summary of Study Results: our study in Context of Existing Studies (Table 4)