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Author response to: Comment on: Phase I/II study of adding intraperitoneal paclitaxel in patients with pancreatic cancer and peritoneal metastasis

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Dear Editor

We thank Dr Kailash and colleagues for their interest in the study[1], and for providing helpful and constructive comments. Unfortunately, we did not investigate the detailed amount of ascites in each patient, so could not provide the required information regarding this question.

As for the peritoneal deposits, the patient characteristics at diagnosis were provided in *Table S2*[1]. Accordingly, more than six peritoneal deposits were observed in the majority of patients (83 per cent) who were diagnosed with peritoneal dissemination at diagnosis. Six of eight patients who successfully underwent conversion surgery also had peritoneal dissemination at diagnosis. One peritoneal deposit was observed in one patient, between two and five deposits in two patients, and six deposits in three patients. Therefore, we could not mention the definite association between the burden of peritoneal deposits and clinical response by this combination therapy.

We defined the criteria for conversion surgery as follows: washing cytology via peritoneal access port turned negative (twice in a row), and disappearance of peritoneal deposits on staging laparoscopy. Consequently, we confirmed the disappearance of peritoneal deposits before surgery in these patients who underwent resection. Furthermore, two patients with positive peritoneal washing cytology in the absence of peritoneal deposits were diagnosed as having unresectable locally advanced pancreatic cancer at diagnosis. Thus, we included these two patients in this study.

Disclosure. The authors declare no conflict of interest.

Reference

1. Yamada S, Fujii T, Yamamoto T, Takami H, Yoshioka I, Yamaki S *et al.* Phase I/II study of adding intraperitoneal paclitaxel in patients with pancreatic cancer and peritoneal metastasis. *Br J Surg* 2020;**107**:1811–1817

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