

November 21, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13817-review.doc).

**Title:** Biliary tract intraductal papillary mucinous neoplasm: Report of 19 cases

**Author:** Xing Wang, Yun-qiang Cai, Yong-hua Chen, Xu-bao Liu

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 13817

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Biliary tract intraductal papillary mucinous neoplasm: Report of 19 cases". (**ESPS Manuscript NO:** 13817). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

1. Response to comment: "Some corrections of English require a deeper revision."

Response:

We revised the grammatical mistakes of our manuscript, and made language editing according to the professional advice by you and English language Editorial Office.

Special thanks to you for your good comments.

Reviewer #2:

1. Response to comment: *"Overall the paper requires careful editorial attention with respect to English style, grammar, syntax etc. These aspects should be addressed throughout the manuscript, including the tables and figures..."*

Response:

We revised the grammatical mistakes, tables and figures of our manuscript, and made language editing according to the professional advice by you and English language Editorial Office.

2. Response to comment: *"References instead of Reference Journal abbreviations should be in line with the WJG guidelines."*

Response:

We revised reference style of our manuscript according to the WJG guidelines.

3. Response to comment: *"The paragraph 'Radiologic Characteristics' in the result section should read 'Imaging Analyses' because ultrasonography is not a radiologic procedure. Accordingly, the paragraph needs to be rephrased and Table 3 should be modified, including the title."*

Response:

It is really true as Reviewer commented. We have made revision according to your valuable advice.

4. Response to comment: *"Were the stones located in the area of the BT-IPMN? Were the biliary stones associated with a cholecystolithiasis? "*

Response:

We are very sorry for our negligence of the positional relationship between the stones and tumor. We have made correction according to your valuable suggestion, shown in "RESULTS", "Imaging characteristics", line 6-8, Table 3 and the Discussions related. In fact, 12 / 19 BT-IPMN patients had biliary stones, of which most (10 cases, 83.3%) were located in the proximal biliary duct of the tumor. Two cases with biliary stone (16.7%) were detected both in proximal and distal biliary duct, while no stone located in the exact area of the BT-IPMN. Cholecystolithiasis was not found in any patients in our study.

5. Response to comment: *Somewhat puzzling is the statistically non-significantly different outcome of patients with benign and malignant BT-IPMN, respectively. Is there an explanation for this observation? Sample size? What was the cause of death in patients with BT-IPMN? A short comment in the 'Discussion' would*

*be helpful.*

Response:

It is really true as Reviewer commented. The statistically non-significantly different outcome of patients between benign and malignant group should be discussed more widely. Consistent with the Reviewer's suggestion, we had present the limitation as the relatively short follow-up period and small sample size, which may attributed to statistical difference. Besides, the cause of death in patients with BT-IPMN may pale a role in the statistically non-significantly different outcome. A benign BT-IPMN patient died of subsequent small cell lung cancer. The revisions mentioned above were showed in "RESULTS", "Follow-up and survival", line 4-9, Table 4 and Discussions (marked in red).

Special thanks to you for your good comments.

Other major revisions

1. We have added the "Core tip" section according to the Editor's comments.
2. We have added the "COMMENT" section according to the Editor's comments.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Thank you again for considering to publish our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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January 4, 2015

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**Author:** Xing Wang, Yun-qiang Cai, Yong-hua Chen, Xu-bao Liu

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 13817

Dear Chief Editor:

Thank you for your comments concerning our manuscript entitled "Biliary tract intraductal papillary mucinous neoplasm: report of 19 cases". (**ESPS Manuscript NO:** 13817). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to your comments are as flowing:

1. Response to comment: *"There are some typos along the text. Please check and correct them."*

Response:

We are very sorry for our negligence of this issue. We checked and corrected the spelling mistakes of our manuscript carefully.

2. Response to comment: *"Some abbreviations that authors used such as 'mo' are not usually used. I suggest to write the complete word."*

Response:

We checked the abbreviations of our manuscript basing on the WJG guidelines.

Special thanks to you for your good comments.

3. Response to comment: *"The discussion section at the present form is too long. I suggest to cut at least 1-2 pages and focus on the main results."*

Response:

It is really true as you commented. We cut some contents of the discussion section and rephrased the paragraph according to your valuable advice.

Special thanks to you for your good comments.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper.

We appreciate for your warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Sincerely yours,

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