

December 17, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: WJG_141219 robotic radiosurgery review ed CMO.docx).

Title: ROBOTIC RADIOSURGERY IN PANCREATIC CANCER:
A SYSTEMATIC REVIEW

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 14393

We thank all the reviewers for their valuable comments and suggestions that allowed us to improve different aspects of our manuscript. We followed each comment modifying the text to the best of our ability and details of the changes made are reported here.

Reviewer # 1

1. We have addressed within the text the role of RT/RTCT within the frame of treatments for pancreatic cancer (with particular detail on the emerging role of IMRT compared to conventional 3D RT)
2. We have addressed in a brief but detailed way the background of RT treatments for resectable, locally advanced, borderline resectable and palliative settings.
3. We have added in Fig 1 a general description of exclusion for the 23 papers by the final analysis
4. As suggested, we re-shuffled the description of the selected studies to a more homogeneous order, sticking closer to the order of all the studies applying similar approach: Koong (no CT)- Koong (RTCT+Boost) -Seo (RTCT+Boost) - Goyal (different CT schedules) - Schellenberg(CT-RRS-CT)
5. We have described (where possible) the details of definitions for Locally Advanced (most papers did not specify)
6. We have specified where the association to close sequential treatment with CT increased the toxicity rates, or if the previous irradiation worsened the toxicity.
7. In all studies RRS was applied as a sort of surrogate for definitive treatment; in this early frame resectability was neither a specific endpoint of trials nor of our systematic review. We specified that through the text rather than giving detail on each trial where surgery wasn't performed.

Reviewer # 2

1. We have modified the highlighted sentence in the "Introduction" Section.

Reviewer # 3

1. We have added details about the role of SBRT for borderline resectable lesions
2. We have mentioned the potential of neoadjuvant chemotherapy administered with modern drugs or new schedules, addressing the issue of the resectability induced by such treatments and the new

perspectives of the new integrations for future research.

We really hope that the reported modifications will be positively viewed by the Reviewers, having improved the issues lacking in the previous version. We are of course fully open to any further comments.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology* and for your kind attention, we look forward to your comments.

Sincerely yours,

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