Dear Editor

Re: Manuscript reference No. 02544787

Please find attached a revised version of our manuscript " **Utility of different serum fibrosis markers in diagnosis patients with chronic pancreatitis and pancreatic adenocarcinoma.**", which we would like to resubmit for publication.
In the following pages are our point-by-point responses to each of the comments of the reviewers.

Revisions in the text are shown using yellow highlight for additions. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in World Journal of Gastrointestinal Oncology.

We look forward to hearing from you at your earliest convenience.

Yours sincerely,
Anna Kozak

Responses to the comments of Reviewer #1

(1) Etiology of CP should be described. Are some of the fibrosis markers related to the etiology?

Most of the CP patient had history of alcohol abuse (42 patients-59,2%). Nevertheless no significant differences between serum level of TGF-β1, s-Fr, HA, MCP-1 depending on different clinical features, including etiology in CP patients have been found.

(2) Figure 6 shows that the TGFβ-1 level is higher in PDAC with diabetes mellitus (DM) compared to PDAC without DM. TGFβ-1 level in DM (type 1 and 2) patients should be provided if available.

All cases of diabetes mellitus in tested population were DM type 2.

(3) CP is known to be a risk for PDAC. How about the levels of fibrosis markers in PDAC patients coexisting with CP?

In patients with PDAC we did not reveal correlation between different clinical features including coexisting CP and serum TGF-β1, MCP-1, s-Fr and HA levels.

(4) Were some of the fibrosis markers related to the prognosis of PDAC?

None of tested substances in PDAC patient was related to survival.

(5) Are the healthy controls age-matched to CP and PDAC patients? Are some of the fibrosis markers related to the age?

No significant differences between serum level of TGF-β1, s-Fr, HA, MCP-1 depending on age in CP or PDAC patients have been found. The healthy controls were age-matched to CP and PDAC patients.

(6) The relationship of the levels of those fibrosis markers and desmoplasia in PDAC should be examined in patients who underwent resection.

In our study only 9 PDAC patients were operated on and statistical analysis requires larger study group.