Dear Editor,

The authors are grateful for the helpful comments provided by reviewers. Comments from each reviewer are identified and addressed.

Reviewer 03647581.

"The authors describe a valid procedure to avoid pancreaticoduodenectomy in case of duodenal lesion arising distally to the major papilla. The paper is well written and the tecnique is cearly described. However, it is not new, and the paper does not add any evidence to the existing literature. "

Within the text, it is explicitly acknowledged that this is not a report of a novel technique but a presentation of a relatively large series of cases. This is the second largest series to date, the only larger series dates from 1996 and includes patients operated on in the 1980's. This series increases the total reported cases by 30%.

"Moreover, my major concern regards the indication for partial duodenectomy. I'm ok with duodenal GIST or endoscopically unresectable polyps but I'm not sure about its value in oncological terms. "

The authors provide their experience of PPDD for cancer with details of follow-up and outcomes and place this into the context of previous published evidence. All studies are observational and, in the opinion of the authors, can be used to justify the use of PPDD rather than proving its superiority. The manuscript has been amended in view of the reviewer's concern and provides more oncological detail – proximal margins, recurrence patterns etc.

"It could be more interesting if the author reported precise oncological outcome of their patients, in particular the pattern of recurrence (local, nodal, distant?). "

One of six patients developed recurrent disease after resection of adenocarcinoma. In this patient, a moderately differentiated T4 N1 MX V0 G2 R0 adenocarcinoma with serosal involvement arose close to the duodenojejunal flexure. This was resected with a proximal margin of 30mm from disease. Distant (transcoelomic) recurrence was detected in the rectouterine pouch. The manuscript has been modified to include these details.

"The only new evidence could be the assessment of oncological reliability of partial duodenectomy in case of cancer of the distal part of duodenum."

The authors hope that their follow-up data for six adenocarcinoma patients with distal duodenal cancer contributes to an emerging picture of low perioperative mortality and significant long-term survival. An

indication of proximal margin length and of patients undergoing adjuvant chemotherapy has been added to Table 2.

Reviewer 03647159

This is a case-series of pancreatic preserving distal duodenectomy (PPDD) for a distal duodenum lesion. This is a very well written manuscript, however, it does not contain new findings as this procedure has been widely accepted already (authors mentioned that there are already multiple case-series/case reports published).

Within the text, it is explicitly acknowledged that this is not a report of a novel technique but a presentation of a relatively large series of cases. This is the second largest series to date, the only larger series dates from 1996 and includes patients operated on in the 1980's. This series increases the total reported cases by 30%.

There are a few questions that I would like authors to clarify for readers. 1. When authors performed PPDD for malignancies, such as duodenal adenocarcinoma or colonic cancer direct invasion, what is the margin status?

Margin status is presented in Table 2. In all six patients undergoing PPDD for adenocarcinoma, margins were assessed as microscopically clear of disease involvement.

If authors can provide margin distance and the relation with the local recurrence etc, this information would strengthen this manuscript more.

This has been added to the manuscript. Thank you.

2. It would be helpful to add an algorithm regarding of when to consider other procedures such as PD, Pancreas preserving total duodenectomy, bypass vs. PPDD etc

This has been added to the manuscript. Thank you.

Reviewer 02822869

This is a retrospective single-center series of 19 paients who underwent pancréas preserving distal dudoenectomy during a 13-years period. The described technique is already known, and therefore, from a technical point of view, this paper does not add novel information or contribute to a change of surgical practice.

Within the text, it is explicitly acknowledged that this is not a report of a novel technique but a presentation of a relatively large series of cases. This is the second largest series to date, the only larger series dates from 1996 and includes patients operated on in the 1980's. This series increases the total reported cases by 30%.

"As the operative indication is rare, a potpourri of indications have been used. While benign lesions may represent a good indication, there remain some doubts whether duodenal cancer is suitable for this technique. The postoperative complication rate, i.e. anastomotic fistula and pancreatic fistula almost never occurred. In this context, the technical aspects need further description (e.g. use of drains, somatostatine). "

Thank you. The manuscript has been modified accordingly.

"Statistics should be mentioned in the method section."

Thank you. The manuscript has been modified accordingly.

"ERAS did not existed in the early 2000. "

Thank you. The senior author is a member of the ERAS Society and some elements of the ERAS protocol have been part of routine management of surgical patients throughout the period of this series, including predating the formal recognition of ERAS as an entity. However the manuscript has been modified in recognition of the evolving nature of postoperative care.

"There are too much figures."

The authors hope that the range of figures presented provide the reader with an appreciation of features of the range of radiological, endoscopic and histological entities that may be considered to constitute an indication for PPDD.

Reviewer 03262140

Pancreas preserving distal duodenectomy: a versatile operation for a range of infra-papillary pathologies Thank you for opportunity to review this well-written paper. The authors described surgical technique and its results of pancreas preserving distal duodenectomy. Although there are no new findings, I have some questions. Major 1. Authors should clearly present the criteria for distal duodenectomy. How long centimeter between tumor and papilla vater is indication for PPDD procedure.

Details of the accepted macroscopic margin (10mm) has been clarified within the *Operative Technique* section.

"Why they did not examine the upper GI series? 2. How did you check lymph node metastasis intraoperatively for malignancy? Do you have sentinel node navigation system? How do you think sentinel node navigation for PPDD in malignancy?"

The authors have modified the manuscript to specify that it is macroscopic nodal disease that is excluded intraoperatively. Sentinal node navigation is not a tool that is used in gastrointestinal surgery in the author's institution.

"Authors should discuss this point for introduce the minimaly invasive surgery for

malignancy. Minor Authors should mention in laparoscopic surgery. I think this procedure is better indication for low grade malignancy and benign tumor. Laparoscopic procedure is much better than open PPDD for low grade malignancy and benign tumor."

The authors have modified the manuscript to make mention of minimally invasive options for treating infrapapillary disease.

We appreciate the efforts of the reviewers to improve the quality of this manuscript.

Regards,

The authors