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The Evolving Treatment Landscape for Early and Advanced Pancreatic Cancer

Authors: Sally C Lau, Winson Y Cheung

Answers to Reviewers' Comments:

COMMENTS TO AUTHORS 1:

In the abstract and in the text, pancreatic cancer is referred as a rare disease. This is not true in most countries. Rare diseases, by definition have an incidence of 2x100.000 people per year. Pancreatic adenocarcinoma incidence is at least 5 times higher. In the discussion of adjuvant treatment, I would discuss more briefly ESPAC 1-3 and CONKO001 studies, well known and accepted, whereas I would discuss in more detail ESPAC-4 study.

Response 1:

Thank you very much for the comment. We wanted to highlight the fact that while pancreatic cancer is a common cause of cancer related death, it is relatively infrequent compared to other tumors such as colon cancer. The wording has been edited to more accurately reflect this. The incidence has been quoted in the body of the text as well. We have added details regarding the findings of the ESPAC-4 study and discussed its findings and implications for clinical practice in the Discussion.

COMMENTS TO AUTHORS 2:

The review article by Lau et al presents a comprehensive analysis of the multi-agent therapeutics for advanced pancreatic cancer, which is a very vicious and systemic disease even in patients at early stage. The manuscript was well written, with in-depth analysis of the literature/data and originality and impact to the field, which warrants publication in the Journal.

Minor comments: "FOLFIRINOX and gemcitabine plus nab-paclitaxel are considered standard of care for fit patients who are able tolerate the triplet and doublet combination, respectively" should be "... for fit patients who are able to tolerate the triplet and doublet combination, respectively".

Response 2:

Thank you very much for the comment. The wording has been edited to ensure clarity.