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The Editorial Board

Dijon, January, 23th, 2018

Dear Editor,

I am pleased to submit our manuscript entitled “**EGFR amplification induces sensitivity to anti EGFR therapy in pancreatic acinar cell carcinoma.**” written by Richard *et al.* for publication as a case report.

Pancreatic acinar cell carcinoma (PACC) is a rare type of pancreatic cancer accounting for approximately 1% of all cases of pancreatic tumors. It often presents as a tumor with a large diameter at the time of detection, with distant metastases in the liver and other organs. No standard chemotherapy has been established for cases where surgical resection is not indicated. Recent advances in genetic testing unravel that PACC could have genetic mutation that could be targetable in 30% of cases. Here we provide first report to our knowledge of an EGFR amplification in a metastatic PACC with exceptional and rapid response only in metastasis harboring only EGFR amplification while tumor which harbor EGFR and HER2 amplification do not response. Such case report underline that EGFR amplification could be targetable in PACC and that tumor heterogeneity may explain dissociated response.

We add here accordingly to your previous letter a reply letter to reviewer questions

Looking forward to receiving your response,

Yours sincerely,

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Reviewer #1: The manuscript describes about the effect of EGFR amplification to anti EGFR therapy in pancreatic acinar cell carcinoma. How the patient benefited from pancreatic biopsy upon endoscopic ultrasound may be described more in detail. The amplification of ERBB2 in the clone at the origin of the metastasis process may be added.

Response: We modify the text accordingly because pancreatic biopsy was not performed by endoscopic ultrasound but by percutaneous biopsy upon ultrasound scan.

We mention the amplification of the ERBB2 clone at the origin of the metastasis process.

Reviewer #2: This is a very interesting case report that clearly demonstrates the future for cancer treatment. The authors should be congratulated for their perseverance. The manuscript has a large number of grammatical and a smaller number of spelling errors and needs careful review by somebody who has English as their first language. The readers would also like to know the eventual outcome in the case of this patient. I believe that the manuscript is worthy of publication as a demonstration of the power of modern molecular medicine

Response: a native speaker edited the manuscript. After progression of liver metastasis the patient stop therapy and was included in a phase I clinical trial.