

Fang- Fang Ji
Science Editors, Editorial Office
Baishideng Publishing Group Inc
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Dear Fang-Fang Ji,

Thank you for the invitation to re-submit our manuscript which has been retitled: **“The current role of palliative interventions in advanced pancreatic cancer”** (ID#: 41230) for publication in the *World Journal of Gastrointestinal Surgery*. We are grateful for the opportunity to present our review of a topic that we feel is essential to the care of patients with advanced pancreatic cancer. We appreciate the editors and reviewers comments and are confident that their comments have made our resubmitted manuscript even stronger.

Please contact me if you have any questions, or if I can provide you with any further information.

Sincerely,
Thomas J Miner
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Editor's comments:

When you send back, please provide the format of doc, not the pdf. Thank you!

Edited manuscript sent as a word document.

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PubMed citation numbers and DOI citations added and all authors listed.

Reviewer #1:

I'm glad to read this review which included critical appraisal of historic studies and set forth its position on the current role of palliative surgery in advanced pancreatic cancer. Most pancreatic cancer patients at diagnosis are not candidates for curative resection. Surgical palliation, a procedure performed with the intention of relieving symptoms or improving quality of life, comes to the forefront of management. Palliative treatment of obstructive jaundice, duodenal obstruction and pain should be promptly addressed. Regardless of the palliative procedure, all physicians involved must be adequately trained in end of life management to ensure the best possible care for patients.

Thank you to this reviewer for the thorough review. We aim to answer questions individually below.

First, the meaning of surgical palliation for obstructive jaundice, duodenal obstruction and pain should be promptly addressed. More and more evidence showed that surgical bypasses for biliary obstructions usually achieved less success than the interventional therapy.

Revisions made to stress the meaning of surgical palliation for the three most common complications of the disease process in based on symptom relief.

Second, I'm wondering the describe of palliative care by detailed materials in the review, as I fail to get the score or some special development to pancreatic cancer in your papers. We cannot judge the clinical significance in the palliative treatment of advanced pancreatic cancer just by the review.

The palliative care section was shortened to provided more focused information. We feel it is important to clarify the goals of palliative intervention.

Also I recommend that you give a final polish to your language expression to keep your view as concise as possible. Abbreviations should be used in the main text as they have been listed at above. Over all, your aforementioned review contains a lot of information. Readers with an interest in palliative surgical treatment will find this paper beneficial and informative. I really appreciate your great work and it's my great honor to read this paper.

Manuscript was edited so abbreviations are consistent throughout and a clear view expressed.

Reviewer #2:

Dear Authors, this article is not a review article. This is like chapter of a book.

Thank you to this reviewer for comments. This review aims to provide readers with knowledge regarding the latest operative and non-operative interventions for patients with unresectable pancreatic cancer to help improve patient care.

Reviewer #3:

This is a review for palliative treatment for patients with unresectable pancreas cancer. Because the paper focused on palliative treatment comprehensively, and was not limited to the area of surgery. So, the title should be modified as that reflects comprehensive palliative treatment for pancreas cancer.

Thank you to the reviewer for his comments. The title was modified from "The current role of palliative surgery in advanced pancreatic cancer" to "The current role of palliative interventions in advanced pancreatic cancer" to reflect the comprehensive nature of the review.

The first part of this paper regarding general information of palliative care is not necessary. That should be shortened.

The palliative care and patient selection has been shortened (from 4 to 2.5 pages). We feel that this strengthens the content and purpose of our paper.