

Answers to reviewers

We appreciate highly the constructive criticism, which has been incorporated in the present revision as follows:

- 00069105
 - All misprints have been corrected
 - A brief method section has been added, describing the search strategy, selection of publications and data presentation.
- 02546253
 - The abstract is revised in line with the recommendation
 - The first section on distal resections is rewritten and shortened
 - Discussion: The section, referring the EAES evaluation panel, is omitted (lower part p. 9, previous version)
 - The title is reconsidered but it is not altered
 - A new section, focusing adjuvant/neoadjuvant chemotherapy, is included (p 8, lower part)
- 02540171
 - The revision aims at clarifying that the opinion “the conclusion is well-known without any innovation” is hardly a good characteristics.
- 02551224
 - The statement that “only very standardized and well matched comparisons can show real oncological improvements” is further discussed, illustrating why we do not agree.
- 03271124
 - Information from the most relevant publications is summarized in two tables, as recommended, table 1 focusing distal resections, table 2 pancreaticoduodenectomies.
 - After considering the discussion, we chose not to divide it in sections.
 - “The cost efficiency and quality of life following laparoscopic surgery should be more discussed”
 - Further considerations in cost efficiency would be beyond the scope of this paper, and is therefore omitted.
 - Short term QoL after laparoscopic surgery is improved, compared with open surgery. This is well known and the intention of this mini-review is to focus long term outcome, not to give another report focusing short term outcome. On long term QoL, scarce information is published, particularly after laparoscopic surgery, and the desired expansion of information cannot be met.