

Réponse aux reviewers

Reviewer 1 (**Reviewer's code:** 02549888)

COMMENTS TO AUTHORS

The title is apt for the issue being discussed. Abstract is well written which gives a brief preview of the content of the article. Introduction explains well the high risk group of individuals for pancreatic cancer. Objectives are well described and outlined. Choosing the best method is always a controversial topic. However the authors have addressed it quite well. Periodicity of screening is satisfactorily described. The role of EUS is described in a very lucid manner. The findings have been enlisted giving a clear picture and adding to the acumen of the reader. Refinements including FNAC in EUS for pancreatic lesions has been dealt with as well. The impact of these additions on the screening process has been explained in a logical manner. The psychological impact and cost is an important and sensitive issue and has been explained. Conclusion has a good take home message. The article overall is quite informative and will surely add more wisdom to the clinician.

AUTHOR'S RESPONSE

We thank the reviewer for this comment and these kind encouragements.

Reviewer 2 (**Reviewer's code:** 00504708)

COMMENTS TO AUTHORS

The authors formulated a comprehensive review of screening for pancreatic adenocarcinoma in high-risk individuals via MRI and EUS. This is a significant topic but the results of screening via these modalities is abysmally poor. I think it is impractical if not dangerous to aggressively biopsy the pancreas for other than solid lesions, strictures or unambiguous ductular abnormalities. "Chronic pancreatitis" changes are common in many older individuals within the parenchyma; even if not high risk, This field of screening for PDA needs a paradigm shift. This shift is more likely to be via serum biomarkers or modalities other than EUS and MRI such as PET scanning. This was a reasonable review but gives little support for screening practices currently performed sporadically and in relatively few centers.

AUTHOR'S RESPONSE

We thank the reviewer for the careful reading of our manuscript and for these comments. We agree with these comments. Indeed, the results of screening of high risk individuals of pancreatic cancer (HRI) is disappointing, despite the progress of current imaging exams (CT scan, MRI, EUS) these last twenty years. Currently, it is not recommended to perform pancreatic biopsies (who would look for Pancreatic Intraepithelial Neoplasia [PanIN]) without visible lesions, we agree with the reviewer. "Chronic pancreatitis" changes are common in many older individuals within the parenchyma, but some literature data suggest that this aspect is more common among HRIs and could be correspond to PanIN; more studies would be required to represent correctly this aspect in the management of HRI (Brune K, et al. Am J Surg Pathol. 2006).

As the reviewer says, new early diagnostic techniques should be explored in HRIs, including new biomarkers or new nuclear imaging techniques. We added a sentence in the conclusion: "to develop new techniques : biomarkers or new nuclear imaging techniques"

