Points/Contents of the Revision and Responses to the Reviewers' Suggestions

Thank you for your careful review and valuable comments. We revised the manuscript as per your direction. We also changed the title precisely, added authors' ORCID numbers, and modified the abstract and case presentation. Furthermore, we attached original files of figures and tables for your reference.

Reviewer: 1

Comment: *Congratulations for this nice paper, and the very well documented evolution of the patient including images of the tumor*

Response: We are glad to hear your comment. Thank you for your review.

Reviewer: 2

Comment: *This is a well written case report and literature review of patients with anomalous pancreaticobiliary union (PB maljunction) who underwent "cyst" resection best but developed subsequent cholangiocarcinoma. In the authors' case, this was a recurrent intraductal neoplasm. 1. Minor concerns a. Figure 5 caption: Add …"interval time for cholangiocarcinoma development." b. Please clarify "flow diversion*

surgery." How many of these patients had roux-en-y hepaticojejunostomy. How many hepaticoduodenostomy? Extended Whipple resection? Other surgery? c. The reviewer finds Table 1 confusing. Please separate years from cases and consider adding a third column. d. You state that this patient had an APBU but your MRCP (Figure 1) fails to demonstrate this. 2. Major concerns Only 60–70% of patients with "congenital" choledochal cysts have an anomalous PB union. As such contributing duct dilation (as well as gall bladder and bile duct cancer development) to reflux of pancreatic enzymes is problematic. This needs comment in your manuscript but may support your suggestion that enteral reflux or chronic bacterbilia or intrinsic abnormality of the residual unresected duct are etiologic in development of subsequent malignancy.

Response: 1-a) I added the title in Figure 5. 1-b) Flow diversion surgery is defined as extrahepatic bile duct resection and biliary bypass in this manuscript. In most of the 41 cases, the biliary bypass procedure was Roux-en-Y hepaticojejunostomy, while only in 2 cases, the biliary bypass was performed by hepaticoduodenostomy. 1-c) I will check the table style. 1-d) We are sorry that we do not have a good MRCP figure which shows APBU clearly. 2) As the reviewer has very accurately pointed out, duct dilation probably contributed to the development of malignancy both before and after flow diversion surgery.

We had already mentioned the same thing in some parts and we added a short sentence to the first paragraph in 'Discussion' section.

Reviewer: 3

Comment: *None.*

Response: Thank you for taking your time to look through our manuscript.

I am looking forward to hearing from you. If you have any questions, please feel free to contact us. Thank you again.

Takashi Ito

Division of Hepato-Biliary-Pancreatic Surgery and Transplantation, Department of Surgery, Graduate School of Medicine, Kyoto University, 54 Kawahara-cho, Shogoin, Sakyo-ku, Kyoto, 606-8507, Japan

E-mail: itotaka@kuhp.kyoto-u.ac.jp

Phone / Fax: +81-75-751-3242 / +81-75-751-4263