

Dear Prof. Lian sheng Ma, Manuscript Administration and Journal Staff:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled " Cryoablation for liver metastasis from solid pseudopapillary tumor of the pancreas: A case report "(Manuscript NO: 52352). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have

studied comments carefully and have made correction which we hope meet with approval.

Revised portion are marked in red in the paper. The main corrections in the paper and the

responds to the reviewer's comments areas flowing:

**Reviewer #1:**

1. Response to comment: Did your patient take other therapy after the operation (2009)?

Response: Thank you very much for your helpful suggestions and patient has not received other treatments since 2009.

2. Response to comment: What about the diagnosis of metastases of SPT? The patient underwent percutaneous biopsy?

Response: As Reviewer suggested that the patient underwent biopsy of liver tumor in our hospital, Pathology showed solid pseudopapillary tumor (SPT) of the pancreas with liver metastasis, as shown in Figure 1, Line 110-111, " Percutaneous liver tumor biopsies were performed using ultrasound-guided biopsy needles " was added.

3. Response to comment: You treated your patient with cryoablation with TAE for first time. Please explain about your decision. Why you didn't think about a surgical removal of metastases? As you applied this therapy for first time, there is no absolute indication for TAE in metastatic SPT. So, did your patient gave a written consent about this controversial therapy?

Response: It is really true as Reviewer suggested that, surgery is the preferred option for solid pseudopapillary tumor (SPT) of the pancreas with liver metastasis. However, after informed consent, with discussion of the high risks of surgical intervention, consequences of major resection and possible incomplete excision of the tumor, the patient refused surgical therapy. As alternative and less invasive treatment, ablation of the tumor by cryoablation was offered.

Special thanks to you for your good comments. Line 119-123, " The operation is the first choice for SPT of the pancreas with liver metastases. However, after informed consent, the patient refused surgery due to the risks of surgery and the possibility of incompletely resected tumors. As a less invasive and alternative technique, cryoablation was accepted by patients and obtained informed consent for cryoablation treatment." was added.

**Reviewer #2:**

1.Response to comment: After treatment with TAE, did your patient take other therapy such as chemotherapy? Are there other similar clinical studies?

Response: Thank you for your worthwhile suggestion. After TAE treatment, the patient has not received other treatments. So far, no cases of cryoablation for SPT of the pancreas with liver metastasis have been found, but there is a case of irreversible electroporation for SPT<sup>[1]</sup>.

2.Response to comment: It is not clear what the patient's first surgery was. You mean distal pancreatectomy? I do not understand.

Response: Thank you for your suggestion. The patient was surgically resected before metastasis occurred, and after the metastasis, cryoablation and TAE were performed.

3.Response to comment: The authors stated that SPT is usually considered to be a low malignant tumor and has a good overall prognosis and therefore, surgical resection can be considered an option for treatment in the discussion section. The authors also stated that the lesions were localized only to the

right lobe of the liver in the case report section. If surgery is the best option, which I think is a good treatment option for this patient, I would like to know why they do not use surgical treatment. Are treatment alternatives discussed with the patient?

Response: It is really true as Reviewer suggested that operation is the first choice for SPT of the pancreas with liver metastases. However, after informed consent, the patient refused surgery due to the risks of surgery and the possibility of incompletely resected tumors. As a less invasive and alternative technique, cryoablation was accepted by patients and obtained informed consent for cryoablation treatment.

4.Response to comment: I believe that this patient was treated by interventional radiologists for TAE and cryoablation, but I did not see the name of the radiologist in the author list. What makes this case interesting is that the patient was treated with combined cryoablation and TAE. Otherwise, there are more than one hundred cases of SPT in the literature who had liver metastasis.

Response: Thank you so much for this helpful suggestion. TAE and cryoablation are completely operated by Professor Lizhi Niu, although he is in the oncology department, the entire operation is completely done by him. There have been many reports of SPT cases. However this is the first reported case of cryoablation combined with TAE for SPT liver metastasis.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And here we did not list the changes but marked in red in revised paper.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Yours sincerely,

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#### REFERENCES

- 1     **Tarantino L**, Nasto A, Busto G, Iovino V, Fristachi R, Bortone S.  
Irreversible electroporation of locally advanced solid pseudopapillary  
carcinoma of the pancreas: A case report. *Ann Med Surg* **28**: 11-15.  
[PMID: 29552341 DOI: 10.1016/j.amsu.2018.01.009]