

Dear Editor and Reviewers,

We would first like to express our gratitude for the favorable review of our work. After studying the comments carefully, we herewith resubmit our manuscript to the *World Journal of Gastrointestinal Oncology* as a Clinical Trial Study.

We hope the following revisions will meet your requirements.

Reviewer 1

1. Comments; My concern is that since many studies have proved the feasibility of this method, what are the new messages this manuscript added to us?

Response:

We understand your concerns about our study. However, this is the first study to focus only on resectable PC because neoadjuvant chemoradiation therapy (NACRT) for resectable PC is uncommon, even though there have been many studies related to this procedure in borderline and unresectable PC (page 14, lines 6-10).

First, we clarified the safety of this procedure based on histological specimens (page 16, lines 2-5) and assessed the nature of resectable PC during treatment, which provided important information for radiation oncologists (page 16, lines 6-18).

Therefore, we want to report the importance of this procedure, based on these new findings, to the world in order to maximize the safety and efficacy of NACRT, and to improve the overall survival of patients with resectable PC.

2. Minor; Better to include a chart flow to clarify how the 29 patients were selected?

Response:

Thank you for your constructive comment. As suggested, we have added a flow chart for the 29 patients as Figure 1 and text in *Results* section as below.

Page10, Line 17-19

A total of 29 patients (18 male, 11 female) with pathologically confirmed resectable adenocarcinoma with unclear margin for NACRT were referred for EUS-guided fiducial marker placement as shown in Figure 1.

Reviewer 2

1. Question; I would like to know what kind of qualified doctors can perform such a complex operation, and how many doctors performed all the operations for these 29 patients.

Response:

Thank you for the kind comments in your decision letter.

This procedure is very simple but requires the ability to perform EUS-FNA correctly. I have performed EUS-FNA in more than 3000 cases, and N. F. has experience in more than 500 cases. Therefore, we have added the text below.

However, my personal opinion is that this procedure can be performed by an endosonographer who has experienced 200 to 300 EUS-FNA cases.

Page 8, Line 16-18

This procedure was performed by experienced endosonographers (R.A., N.F.) who have performed EUS-FNA in more than 500 cases.

Reviewer 3

1. Comments; There are several errors to be modified: 1 The marking of the figures is not standard: the arrow heads in Figure 1a-1d, 4d, 5a-5b, 6a-6d have not been described in the figure legends. 2 Table 1 and 2 are shown in the form of figures. The tables should be editable instead of figures.

Response:

Thank you for your raising these points. As suggested, we have revised Figures and have added comments to the figure legends. We have also changed the Tables 1 and 2 to an editable format.

I state I am the corresponding author and I am resubmitting on behalf of all authors. I confirm that the manuscript has been read and approved for resubmission by all authors. I would like to declare on behalf of my co-authors that the manuscript is original research that has not been published previously, and not under consideration for publication elsewhere.

Second peer review

Comments: This clinical study performed by Ashida R et al investigated EUS-guided fiducial marker placement for neoadjuvant chemoradiation therapy for resectable pancreatic cancer, and proved the feasibility and safety of EUS-guided fiducial marker placement for RPC. Moreover, the authors made a good revision according to the reviewers' suggestions. I think it will be accepted in its current form.

Response:

Thank you for your valuable comments.

We deeply appreciate your consideration of our manuscript.
Thank you and best wishes.

Yours sincerely,

Reiko Ashida