

December 16, 2020

Lian-Sheng Ma

Company Editor-in-Chief

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Dear Sir,

We would like to thank you and the reviewers of *World Journal of Clinical Cases* for taking the time to review our article. We have made some corrections and clarifications in the manuscript after going over the reviewers' comments. The changes are summarized below:

Responses to reviewers' comments

[Reviewer 1]

Comment 1: TITLE is misleading, needs to be changed: Pancreas-preserving duodenectomy of a duodenal papillary tumor: a case report.

Our response: As the reviewer pointed out, we have changed the title: Pancreas-preserving duodenectomy of a duodenal papillary tumor: a case report.

Comment 2: The term 'local excision' in this context means ampullectomy, but you have performed duodenectomy in your case.

Our response: As the reviewer pointed out, we have confused local excision with duodenectomy, and we have changed the local excision with pancreas-preserving duodenectomy.

Comment 3: ABSTRACT section is too long, please cut it down to 250 words

Our response: As the reviewer pointed out, we have cut it down to less than 250 words.

Comment 4: ABSTRACT section should not contain references, please remove

Our response: As the reviewer pointed out, we have removed the reference.

Comment 5: Did the previous hospital perform a biopsy from the lesion during endoscopy? If not, you should have performed another endoscopy with a biopsy, along with an endoscopic ultrasound to assess the exact extent of the tumor.

Our response: Thanks for the comment, the previous hospital performed an electronic gastroscopy and revealed a duodenal papillary mass. The results of biopsy were reported as high-grade intraepithelial neoplasia. In our hospital, we performed a laparoscopic exploration before the pancreas-preserving duodenectomy to assess the exact extent of the tumour.

Comment 6: Did CT scan show the mass was contained within the duodenum? You have mentioned "CT showed a space-occupying lesions at the head of the pancreas and the duodenal bulb" - change "lesions" to "lesion".

Our response: Thanks for the comment, we have changed lesions to lesion. The patient had a symptom of biliary obstruction at that time, and the specific scope of the lesion could not be seen clearly during CT examination. However, when we performed a laparoscopic exploration, it was clearly found that the lesion was confined to the duodenum bulb.

Comment 7: You mention "trocar insertion" - did you attempt laparoscopy? If not, what incision was used to gain access?

Our response: Thanks for the comment, We performed a laparoscopic exploration before the operation, we found that the gallbladder wall tension was not increased, the hepatoduodenal lymph nodes were not significantly enlarged, and there were no other significant findings in the peritoneal and pelvic cavities. And then we decided to perform a pancreas-preserving duodenectomy with a median abdominal incision.

Comment 8: Outcome & Follow up are repeated, please change.

Our response: As the reviewer pointed out, we have changed the Outcome and Follow up: the patient underwent a follow-up period of 5 years, CT examination was performed in the last 5 years, there were not found recurrences and metastases (Figure 3b-3g).

Comment 9: In DISCUSSION section, please change this to: "At present, the methods of operation for duodenal papilla tumor include pancreatoduodenectomy, duodenectomy, ampullectomy, endoscopic resection".

Our response: As the reviewer pointed out, we have changed the sentence "At present, the methods of operation for duodenal papilla tumor include pancreatoduodenectomy, local resection of duodenal papilla tumor and local resection under endoscopy" with "At present, the methods of operation for duodenal papilla tumor include pancreatoduodenectomy, duodenectomy, ampullectomy, endoscopic resection".

Comment 10: Reference number 1 is missing in the text, please add.

Our response: As the reviewer pointed out, we have added reference number 1 behind of the sentence "Duodenal papillary tumor is a rare disease of both benign and malignant tumors in digestive tract<sup>[1]</sup>".

Comment 11: This is confusing, please simplify & re-write: "However, with surgical technique improvements and more research on duodenal papilla tumors, the operative methods are evolving towards the direction of minimally invasive surgery. At the same time, the development of laparoscopy, endoscopy and imaging techniques is also promoting the development of surgical methods for duodenal papilla towards the same direction".

Our response: As the reviewer pointed out, we have re-written "However, with surgical technique improvements and more research on duodenal papilla tumors, the operative methods are evolving towards the direction of minimally invasive surgery. At the same time, the development of laparoscopy, endoscopy and imaging techniques is also promoting the development of surgical methods for duodenal papilla towards the same direction" with "However, with surgical technique improvements and more research on duodenal papilla tumors, the operative methods are evolving towards the direction of minimally invasive surgery".

Comment 12: References in the text should be only be cited at the end of the sentence.

Our response: As the reviewer pointed out, all of references have been cited at the end of the sentence.

Comment 13:".....associated with better long-term effects" - "effects" should be changed to "outcomes".

Our response: As the reviewer pointed out, we have changed the "effects" to "outcomes".

Comment 14: You must correlate your case findings with available literature, an

d why it justified duodenectomy and not PD.

Our response: Thanks for the comment, we have changed the title with Pancreas-preserving duodenectomy of a duodenal papillary tumor: a case report. And we have analyzed the disadvantages of pancreatoduodenectomy and have described the advantages of Pancreas-preserving duodenectomy on the discussion. And for early malignant tumors, pancreas-preserving duodenectomy could be performed as a safe and effective surgical method, when intraoperative frozen examination showed a negative resection margins around the tumor and at the base of the tumor<sup>[11]</sup>. Most researchers believe that for benign tumors and early malignant tumors(T<sub>1-2</sub>N<sub>0</sub>M<sub>0</sub>) in that area, the long-term outcomes of local mass resections are similar to that of pancreaticoduodenectomy. And the pathological staging in this case of the patient is pT<sub>2</sub>N<sub>0</sub>M<sub>0</sub>.

Comment 15: What is the pathological staging in this case?

Our response: Thanks for the comment, the pathological staging in this case of the patient is pT<sub>2</sub>N<sub>0</sub>M<sub>0</sub>.

Comment 16: Figure 1: please indicate relevant structures with arrows.

Our response: Thanks for the comment, we have added another images, and have indicated relevant structures with arrows.

Comment 17: Please submit only one image for pathology.

Our response: Thanks for the comment, we have deleted the other two images.

[Science editor]

- This manuscript describes a rare condition and relatively difficult operation. However, some queries should be addressed: Title needs to be changed; if the previous hospital did not perform a biopsy from the lesion during endoscopy, the authors should have performed another endoscopy with a biopsy, along with an endoscopic ultrasound to assess the exact extent of the tumour; the authors must correlate case findings with available literature, and explain why it justified duodenectomy and not PD.

Our response: Thanks for the comment, we have changed the title with Pancreas-preserving duodenectomy of a duodenal papillary tumor: a case report. And we have analyzed the disadvantages of pancreatoduodenectomy and have described the advantages of Pancreas-preserving duodenectomy on the discussion. And for early malignant tumors, pancreas-preserving duodenectomy could be performed as a safe and effective surgical method, when intraoperative frozen ex

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- Academic norms and rules: The authors provided the CARE Checklist–2016 and Signed Informed Consent Form(s). The authors are required to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. The CrossCheck results showed the similarity to be high. According to our policy, the overall similarity index should be less than 30%, and the single-source similarity should be less than 5%. Please rephrase these repeated sentences. No academic misconduct was found in the Bing search.

Our response: Thanks for the comment, we have re-written all of these sentences.

- I found the authors did not provide the approved grant application form(s) and the original figures.

Our response: As the editor pointed out, we have uploaded the PDF version of the signed Conflict-of-Interest Disclosure Form, Copyright License Agreement and original figures.

Sincerely yours,

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