

Format for ANSWERING REVIEWERS

December 18, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6357-review.doc).

Title: Concomitant Pancreatic Adenocarcinoma in a Patient with Branch-Duct Intraductal Papillary Mucinous Neoplasm

Author: Joanna K. Law, Christopher L. Wolfgang, Matthew J. Weiss, Anne Marie Lennon

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6357

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Response to comments made by the reviewers

- (1) This case-report study discussed the topic of IPMN-concomitant pancreatic adenocarcinoma, which is very significant in clinics. The manuscript is well written. However, i have a question about case 2. Case 2 is a patient with BD-IPMN with markedly atypical cells worrisome for malignancy. According to current guidelines, BD-IPMN measuring <2cm are followed with MRI or CT, with EUS being used for larger cysts or those with worrisome features. Therefore, i think this patient should be surveiled with EUS. But he underwent routine transabdominal surveillance of the remnant pancreas with a combination of CT and MR imaging at 6-monthly intervals in the study. At last, a 1.4cm mass was visualized by EUS 5 years later and metastatic pancreatic adenocarcinoma was confirmed in the lung on biopsy. Therefore, we have very reason to consider that the method of examination during surveillance is not very suitable.

Thank you for your comments. We appreciate your input. We agree, with the current guidelines, this patient would have undergone EUS for surveillance. At the time of diagnosis (2008), we were following the previously published guidelines (2006) which indicate that there is no evidence in the literature with respect to follow-up of patients after resection and suggest that clinical and imaging on an annual basis would be reasonable. Even if we were to interpret the guidelines as if the remnant pancreas contained an index cyst, the patient underwent the initial (pre-operative) EUS and no high-risk stigmata were found on the 2cm cyst. Based on the guidelines, a 2cm cyst would be surveyed with MR or CT every 3-6 months.

- (2) In the two cases, endosonographers were preferable to CT and MRI in surveillance of pancreatic adenocarcinoma from BD-IPMN. However, it is still hard for us to choose which cyst to take a FNA if EUS finds some cysts which are <2cm with no worrisome features in clinical practice.

Thank you for your review and comment. We, too, struggle with which cysts to FNA and until better evidence evolves with respect to diagnosis and management, we must rely on clinical judgment and the guidelines to assist us with this decision making process.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Joanna K Law, MD, MA (Ed)
Division of Gastroenterology
Johns Hopkins Hospital
Baltimore, MD
E-mail: jlaw8@jhmi.edu