

Answering Reviewers:

To Reviewer #1:

Dear professor, thank you very much for your valuable comments on this article. The following is my answer to the questions:

1. We performed a test for CA199, and the patient's CA199 level was 21.63U/ml (the normal level of CA99 is $< 39\text{U/ml}$), which was normal.
2. Because of severe nausea and vomiting, The patient and her family members worried that the patient could not tolerate ERCP examination, then refused to take ERCP and MRCP examinations. Therefore, the patient did not receive EUS, MRCP and ERCP examinations.
3. We agree with you that the pathology of this patient showed pancreaticobiliary origin cannot be diagnosed as a confirmed cholangiocarcinoma. Then we reviewed the pathology of the "pancreatic tumor" resected from the patient more than 20 years ago. The pathological examination result was a grade II duodenal ampulla bile duct adenocarcinoma. And in this case, there is no evidence of breast cancer, ovarian cancer or lung cancer. So it was considered as a possibly cholangiocarcinoma, We change the title to "Anti-Yo antibody-positive paraneoplastic cerebellar degeneration in a patient with possibly cholangiocarcinoma: a rare case report and literature review".
4. Because of severe nausea and vomiting, the patient could not tolerate to gemcitabine based chemotherapy, and was treated with anlotinib hydrochloride (a targeted drug).

To Reviewer #2:

Dear professor, thank you very much for your valuable comments on this article. The following is my answer to the question:

We performed a test for CA199, and the patient's CA199 level was 21.63U/ml (the normal level of CA99 is $< 39\text{U/ml}$), which was normal.