Format for ANSWERING REVIEWERS

January 2, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6836-review.doc).

Title: Optimum chemotherapy in the management of metastatic pancreatic cancer

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6836

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

Answers to reviewer 1:

1) The typos were checked and corrected. (thrombocytopenia; oxaliplatn)
2) The titles of the tables were placed on the top of the table.
3) A new table was added for the new agents.

Table 4 : Recent phase II trials studying new agents in the MPC

Reference	New agents	Agents target	Phase of the study and targeted population	Arms of the study	Conclusion of the study
Kindler et al, Ann Oncol. 2012	Ganitumab (AMG 479)	mAb antagonist of insulin-like growth	Phase II; untreated MPC patients	Gem/Ganitumabvs Gem	Improved 6-month survival rate and OS

		factor 1 receptor			
Bodoky et al, Invest New drugs 2012	Selumetinib (AZD6244)	Selective MEK inhibitor	Phase II; Second line treatment after gemcitabine	SelutimumabvsCapecitabine	No significant difference in OS
Wolpin et al, J ClinOncol. 2009	Everolimus (RAD001)	m-TOR inhibitor	Phase II; Second line treatment after gemcitabine	Everolimus (single arm study)	Minimal clinical activity
Royal et al, J Immunother. 2010	Ipilimumab (MDX010)	Anti-CTLA4	Phase II; untreated MPC patients	Ipilimumab (Single arm study)	Ineffective in the treatment of MPC
Wolpin et al, J Clin Oncol.2013	AGS-1C4D4	mAb to Prostate Stem Cell Antigen	Phase II; untreated MPC patients	Gemcitabine/ AGS-1C4D4 vs Gemcitabine	Improved 6-month survival rate

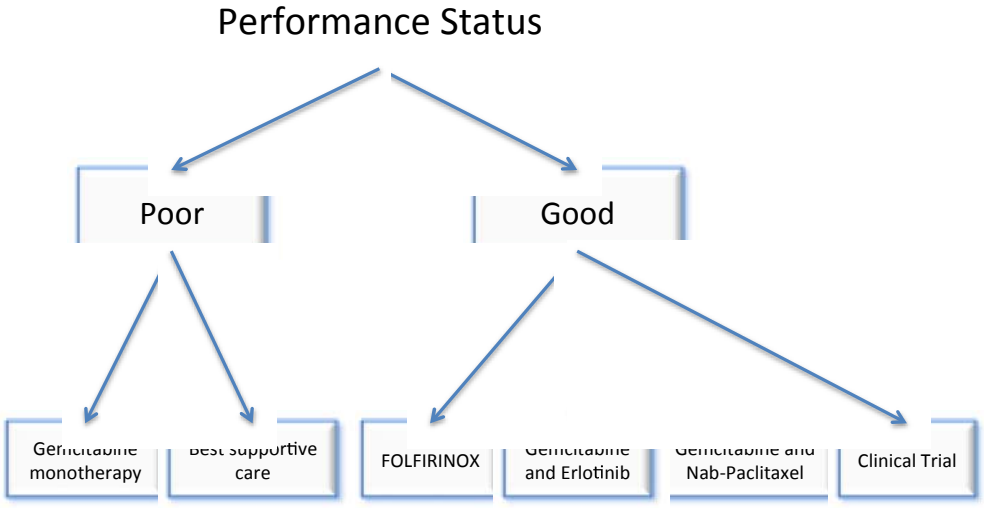
4) The requested articles were added to the manuscript.
   Many new targets and genes, playing a role in the PC pathogenesis and progression, are being evaluated in animals or on cancer cells for their potential diagnostic and therapeutic implication : the mucin (myc) was studied by Rachagani et al , the transketolase by Wang et al and aberrant CD20 expression by Chang et al .

Answers to reviewer 2:

1) Comment 1: A schematic representation of the pharmacological options was added to the manuscript.

   Schema 1: A schema representing the approved treatment for metastatic pancreatic cancer in patients having poor or good performance status

Treatment of Metastatic Pancreatic Cancer



2) Comment 2: The last phrase of the conclusion was rephrased. The new version of the last phrase is ➔ finally, the combination of these novel therapies with a personalized medicine mightoffer promising results in patients with MPC.

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