

Dear Reviewers:

Thank you so much for reviewing our manuscript timely and carefully. You have given us lots of good suggestions. We've revised our paper according to your comments, and the revised part was marked in red. Followed are our replies to your comments.

Comment 1: The acronyms "CE-CT" and "RFA" need to be defined in the abstract.

Answer 1: Thanks a lot for your constructive comment. We have already added the abbreviations in the abstract.

Changes 1: We have modified our text as advised

Comment 2: There are some sentences in the text without reference to a previous study (or studies) in order to give evidence to their statements. Without references, these statements would be mere assumptions or allegations made by the author. Therefore, each of the following sentences need at least one reference to back up their statement: "The therapeutic effects exerted by those palliative treatment methods present relevance to the induction of intralesional necrosis, cytolysis, as well as cell death ultimately which leads to tumor cyto-reduction." "Data in terms of the clinical application of radiofrequency and microwave ablation, irreversible electroporation, cryoablation, radiotherapy coupled with high-intensity focused ultrasound, these procedures are of relative safety oriented with (temporary) local tumor control of inoperable pancreatic cancer." "It is commonly considered that recurrent pancreatic cancer is a systemic illness. Thereby, patients can be treated with palliative chemotherapy."

Answer 2: We appreciate reviewer for his effort to review our manuscript, and his feedback. We are sorry for negligence of adding the references for supporting our statements. We have already add references for each of sentences mentioned by reviewer.

Changes 2: We have modified our text as advised

Comment 3: What is the conclusion of your case report? What is the "take-away" message?

Answer 3: We apologize for the confusion generated by the previous version of the manuscript and sincerely hope that our logic is now easier to follow with this new version. We have already made some changes in the structure of the article. We can draw some conclusions as follow. In our patient, RFA was shown to be a feasible treatment giving rise to tumor reduction and extend survival. IOUS features vital significance as it powerfully confirms the property of safety and feasibility of the RFA procedure. Constant RFA for local recurrent tumor is likely to lengthen survival, according to our practical case. More researches are necessary for validating therapeutic approaches and associations oriented with the ideal possible survival results.

Changes 3: We have modified our text as advised

We do appreciate your work in reviewing this paper. We hope these careful changes can make this paper more scientific and readable, and we really hope you can reconsider acceptance of this paper, because it really stands for our efforts and do contribute to the research of "9-Year survival of a 60-year-old female with locally advanced pancreatic cancer under repeated open approach radiofrequency ablation: A Case Report".

Sincerely yours,  
Xiang Jing.