Dear Editors,

Thank you very much for your decision letter and additional advice on our manuscript entitled “Partial pancreatic tail preserving subtotal pancreatectomy for pancreatic cancer: improving glycemic control and quality of life without compromising oncological outcomes” (ID: 00057659). We also thank the reviewers for their review of our manuscript. All amendments are indicated by red font in the revised manuscript (linguistic correction in light red, and changes in content in dark red). In addition, our **point-by-point responses to the comments and responses to editors** are listed below this letter.

We hope that this revised manuscript can be acceptable for publication in your journal and look forward to hearing from you soon.

With best wishes,
Yours sincerely

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First of all, we would like to express our sincere gratitude to the reviewers for their very positive and constructive comments.

Reviewer 1:
This is a good effort in this direction which the authors have put forth. I suggest the following for improvement:
1. Describe in a table comparing the indications for TP and PPTP-SP. How was the selection made for the groups, avoiding bias factors.

Response: Thanks for raising this important issue. Regarding surgical treatment for pancreatic cancer, the most common indication for TP is that the tumor has involved both pancreatic head and left pancreasa which makes neither PD nor DP is a curative option[1-3]. PPTP-SP is currently indicated for patients selected from those formerly considered as candidates for TP.

Table 1 Indications for PPTP-SP (Page 1, 'Tables')

Inclusive criteria (all must be fulfilled)		
Tumor involving both Ph and left pancreas	Necessary	Necessary
No LGA involvement	Necessary	Unnecessary
Tumor's lateral margin more than 6 cm away from Sh	Necessary	Unnecessary
No high metabolic regions in Pt or Sh through PET-CT	Necessary	Unnecessary
Pt margin is negative	Necessary	Unnecessary
Exclusive criteria (if any)		
Multifocal cancer:		
Concomitant wiht IPMN	Unrecommended	Recommended
Multifocal PDAC	Unrecommended	Recommended
Enlarged LNs in Pt and/or Sh	Unrecommended	Recommended

Abbreviations: Ph, Pancreatic head; LGA, Left gastric artery; Pt, Pancreatic tail; Sh, Splenic hilum; IPMN, Intraductal papillary mucinous neoplasma; PDAC, Pancreatic Ductal Adenocarcinoma.

Moreover, the indications for PPTP-SP in the treatment of other pancreatic tumors will also be explored. We only considered subtotal or total pancreatectomy for PDAC in this study.

2. Was the same team of surgeons involved in both the groups.

Response: Thank you for reminding. All of the procedures were performed by the same team of surgeons. (Line 3-4 , Page 9, "Study patients")

3. Defining the Clinical and histological AJCC classifications in the material and methods section more clearly.

Response: Pathological data, including pathological diagnosis, tumor's greatest dimension, involvement of major visceral arteries (the celiac axis, superior mesenteric artery, and/or common hepatic artery), reginal lymph nodal metastasis, and distant metastasis, were collected according to the American Joint Committee on Cancer (AJCC) TNM Staging of Pancreatic Cancer[22] (8th ed., 2017) (Line 20-21, Page 12 & Line 1-4, Page 13, "Definition of variables"). Moreover, the pathological diagnosis of all patients enrolled, as well as the TNM classification have been present in Table 3 on page. Thank you for pointing out.

4. The text needs shortening in the introduction and technique sections.

Response: Thanks for your suggestion. "Introduction" and "Surgical technique" have been shortened. I think your suggestion make the revised manuscript clearer and more concise compared to the original one.

5. The language needs improvement in all sections.

Response: We polished the language again, and the linguistic corrections were marked in light red.

Reviewer 2:

Recurrence can occur because of cells infiltrating posteriorly but more likely because of multicentricity of the cancer. I think a statement making this issue more evident should be made for the importance of follow-up.

Response: Thank you for your very helpful comments. In our hospital, we did not perform PPTP-SP for multifocal pancreatic cancer. We emphasize this point in "Surgical indication for PPTP-SP" and "Discussion", respectively. PDAC concomitant with IPMN is more inclined to be multifocal and may predispose the entire gland to increased risk of cancer recurrence[4,5]. A multi-centered study proved that the rate of recurrence in the remnant pancreas after radical partial pancreatectomy for PDAC is very low (2% for those without IPMN), but the presence of IPMN can increase this rate by up to 15%[4]. Janot et al.[3] found that three (4.8%) of 63 patients receiving TP for pancreatic cancer had a multifocal pancreatic adenocarcinoma.

As you metioned, there was local recurrence occurring as the primary recurrence site in PPTP-SP group. But no recurrence in pancreatic stump had been found in this study. The risk of cancer recurrence in remnant pancreas after curative PPTP-SP needs further investigation with longer follow-up and bigger sample size. Statements are made in "Indications for partial pancreatic tail preserving subtotal pancreatectomy"

(Line 2, Page 10) and “Discussion” (Line 2, Page 19), respectively.

References:

1. Satoi S, Murakami Y, Motoi F, et al. Reappraisal of total pancreatectomy in 45 patients with pancreatic ductal adenocarcinoma in the modern era using matched-pairs analysis. Pancreas, 2016, 16(4): S76-S77.
2. Xiong J, Wei A, Ke N, et al. A case-matched comparison study of total pancreatectomy versus pancreaticoduodenectomy for patients with pancreatic ductal adenocarcinoma. International Journal of Surgery, 2017, 48:134-141.
3. Janot MS, Belyaev O , Kersting S, et al. Indications and Early Outcomes for Total Pancreatectomy at a High-Volume Pancreas Center. HPB Surgery, 2010, 2010: 686702.
4. Matsuda R,Miyasaka Y, Ohishi Y, et al. Concomitant Intraductal Papillary Mucinous Neoplasm in Pancreatic Ductal Adenocarcinoma Is an Independent Predictive Factor for the Occurrence of New Cancer in the Remnant Pancreas. Annals of Surgery, 2020, 271: 941-948.
5. Ikegawa T, Masuda A, Sakai A, et al. Multifocal cysts and incidence of pancreatic cancer concomitant with intraductal papillary mucinous neoplasm[J]. Pancreatology : official journal of the International Association of Pancreatology (IAP). 2018, 18: 399-406.

To Company editor-in-chief:

Response: Thank you very much for your decision letter. We revised the manuscript very carefully according to your advice.

To Editorial office director:

Response: Thank you very much for your decision letter and additional advice. The Conflict-of-Interest Disclosure Form was submitted, the associated statement was in Line 12, Page 2.

To Science director:

Response: Thank you very much for your decision letter and additional advice. The original pictures were submitted via 57659-Figures PPT, and the “Article Highlights” was supplemented.

If you have any questions, please not hesitate to contact me through yousunsun@163.com (the first author, Li You M.D)