Dear Editor and Reviewers:

Thank you very much for your helpful reviewing and constructive suggestion, we have adjusted the article accordingly. Below you will find the list of your questions and our response.

Reviewer #1:

1) *The reported confidence intervals are satisfactorily narrow. The author may take into account the following study: Iguchi T, Sugimachi K, Mano Y, Kono M, Kagawa M, Nakanoko T, Uehara H, Sugiyama M, Ota M, Ikebe M, Morita M, Toh Y. The Preoperative Prognostic Nutritional Index Predicts the Development of Deep Venous Thrombosis After Pancreatic Surgery. Anticancer Res. 2020 Apr;40(4):2297-2301. doi: 10.21873/anticanres.14195. PMID: 32234929.*

Answer:

Thank you very much for your recommendation. We have read this article carefully and added in **REFERENCES**. The revised content in our manuscript now reads:

> **INTRODUCTION**
>
> …
>
> Patients with malignant tumors are generally in a hypercoagulable state, which leads to obvious thrombosis in the clinic[13,14].
>
> …
>
> **REFERENCES**
>
> …
>
> 14 **Iguchi T**, Sugimachi K, Mano Y, Kono M, Kagawa M, Nakanoko T, Uehara H, Sugiyama M, Ota M, Ikebe M, Morita M, Toh Y. The Preoperative Prognostic Nutritional Index Predicts the Development of Deep Venous Thrombosis After Pancreatic Surgery. Anticancer research 2020; 40: 2297–2301 [PMID: 32234929 DOI: 10.21873/anticanres.14195]
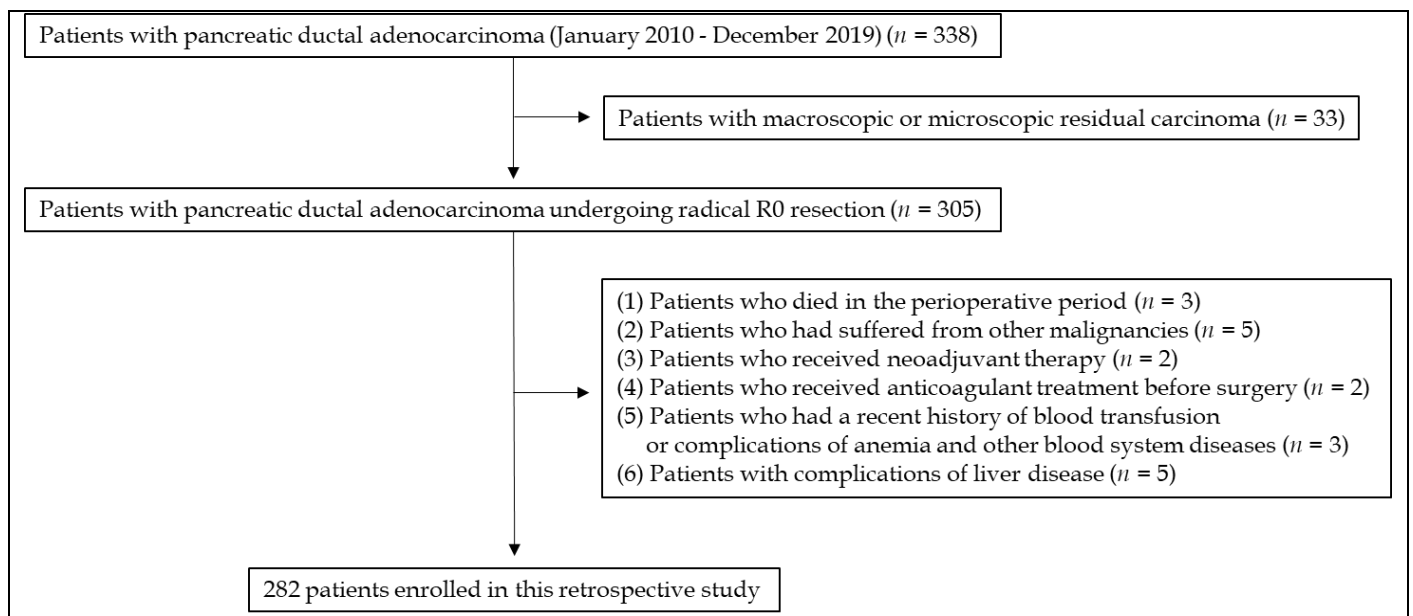
Reviewer #2:

1) *In the material and method section, authors should describe the number of patients as follows: The*

exclusion criteria were as follows: (1) patients who died in the perioperative period (within 1 month after surgery); (2) patients with a medical history of a malignant tumor or other malignancies at the same time; (3) patients who received neoadjuvant therapy; (4) patients who received anticoagulant treatment before surgery; (5) patients who had a recent history of blood transfusion or complications of anemia and other blood system diseases; and (6) patients with complications of liver disease or other inflammatory diseases. Authors should use the chart.

Answer:

Thank you for your reminder. We made a flowchart as shown below. Please see **Figure 1** in **60715-Figures.ppt** for details.

2) Authors should describe the type of surgery for the patients. Authors should analyze the data according to the staging.

Answer:

Thank you for your suggestion. We had mentioned the type of surgery for the patient in the manuscript, as shown below:

MATERIALS AND METHODS

Patients and data collection

… The inclusion criteria were as follows: … (3) patients undergoing radical pancreaticoduodenectomy or distal pancreatectomy with splenectomy; …

We have added a detailed description of the type of surgery. The revised content in our

manuscript now reads:

MATERIALS AND METHODS

Patients and data collection

…

Ethical statement

…

Types of surgery

All the enrolled patients received radical surgery in our hospital. Patients with tumors in the head and neck of the pancreas underwent a pancreatoduodenectomy, also known as Whipple procedure, the scope of surgical resection included pancreatic head and neck lesions, partial stomach, duodenum, partial jejunum, common bile duct and gallbladder. Patients with tumors located in the body and tail of the pancreas underwent distal pancreatectomy with splenectomy.

…

We have added data analysis according to TNM staging and optimized the results of baseline data analysis as shown below. Please see **Table 1** in **60715-Tables.docx** for details.

Table 1 Baseline characteristics of 282 pancreatic ductal adenocarcinoma patients undergoing radical R0 resection n (%)

Characteristic		Patients (n = 282)	TNM stage					P value
			IA (n = 20, 7.1%)	IB (n = 92, 32.6%)	IIA (n = 49, 17.4%)	IIB (n = 92, 32.6%)	III (n = 29, 10.3%)	
Age (year)		61 (31-81)	63.5 (50-73)	62 (31-81)	63 (38-78)	59 (31-74)	59 (42-70)	
	>60	136 (48.2)	12 (60.0)	52 (56.5)	31 (63.3)	39 (42.4)	12 (41.4)	0.076
	≤60	146 (51.8)	8 (40.0)	40 (43.5)	18 (36.7)	53 (57.6)	17 (58.6)	
Sex								
	Male	151 (53.5)	7 (35.0)	50 (54.3)	25 (51.0)	51 (55.4)	18 (62.1)	0.421
	Female	131 (46.5)	13 (65.0)	42 (45.7)	24 (49.0)	41 (44.6)	11 (37.9)	
Blood type								
	A	87 (30.9)	5 (25.0)	26 (28.3)	13 (26.5)	30 (32.6)	13 (44.8)	

TNM stage was one of the clinicopathological characteristics of the enrolled patients we collected. We had included this indicator in correlation analysis (see **Table 2/3/6**), as well as in univariate and multivariate analysis (see **Table 4/5/7**).

Science Editor:

1) *I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);*

Answer:

We have uploaded the approval documents.

2) *I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;*

Answer:

We have provided decomposable Figures and Tables, organized them into a single file separately, and submitted as 60715-Figures.ppt and 60715-Tables.docx uploaded to the F6Publishing system.

3) *I found the authors did not write the "article highlight" section. Please write the "article highlights" section at the end of the main text.*

Answer:

We have written the "**ARTICLE HIGHLIGHTS**" section at the end of the main text.

Best Regards.

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