

17-November-2022

Dear Reviewers and Members of the Editorial Board,

Thank you for your valuable feedback on our manuscript, "Risk factors, prognostic predictors, and nomograms for pancreatic cancer patients with initially diagnosed synchronous liver metastasis". We have completed the following changes:

### **Reviewer#1**

**Specific comments:** The authors of this study aimed to investigate the risk and prognostic factors of PCLM and establish corresponding diagnostic and prognostic nomograms. To do this, they retrospectively analyzed the 33459 patients diagnosed with primary PC from the SEER database between 2010 and 2015. They used univariate and multivariate logistic regression analyses to identify the risk factors for PCLM, followed by LASSO-Cox regression analyses to identify prognostic factors. I have no objections as far as methods are concerned. This topic is actual and well described. The manuscript is well written and very interesting, and authors presented also the limitations of the study. The nomograms constructed in this study can help clinicians provide better prevention for high-risk subjects and monitor their prognoses. I recommend that the manuscript can be published. Sincerely

**Reply:** Thanks for your reply.

### **Reviewer#2**

**Specific comments:** I read the manuscript written by Cao BY et al. with great interest. In my honest opinion, the topic is interesting and the retrospectively studies novel enough to attract the readers' attention. Pancreatic cancer with liver metastasis is a commonly fatal disease and has an extremely poor prognosis. Liver metastasis is considered the most significant problem in pancreatic cancer, as the majority of patient deaths are from PCLM. This study utilizes the SEER database with a relatively large sample size to investigate the

incidence, risk and prognosis factors for liver metastasis from pancreatic cancer. In addition, they developed two nomograms for predicting the risk and prognosis for PCLM patients, respectively, in an effort to provide personalized guidance in clinical decision-making for PCLM patients. The methods of data analysis are very clear, and the results are presented well. The manuscript is written clearly and I do agree with them about the limitations of retrospective studies. It is suggested that the details of the P values should be marked in Table 1, which two or more items are compared?

**Reply:** The details of the P values of which two items are compared have been marked in Table 1

### **Reviewer#3**

**Specific comments:** The topic of this work is interesting. Pancreatic adenocarcinoma is the fourth leading cause of the cancer-associated deaths in the United States with only 6% survival rate within next 5 years of diagnosis and 45% of patients diagnosed with metastatic disease. The liver is the most common site of metastasis for PC, it has a significantly poorer prognosis than another distant metastasis. I would like to thank the authors for their efforts in collecting evidence about the incidence, risk, and prognostic factors for LM from PC. It is well written and highly interesting. The study is well designed and presented with optimal analysis, discussion, tabulation and graphic display of data. Thank you for giving opportunity to review this study. However, the following points must be considered before publication. In my opinion, the discussion section is a bit lengthy and could be more concise. Also, the conclusion section needs to be more explicit. Besides, this study identified the risk and prognostic factors in PCLM patients. Guiding subsequent clinical evaluation and intervention, clinicians must maintain keen awareness of these risk factors when treating PC patients. I suggest that it could be published early on WJG. Thanks

**Reply:** We have revised the discussion section to make it more concise, and the

conclusion section have been revised to be more explicit.

We appreciate the opportunity to have our work published in the World Journal of Gastrointestinal Oncology and thank you for your time and effort as required for the peer-review process.

Sincerely,

Dr. Wei Yang

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