Universitätsklinikum Düsseldorf

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To
Baishideng Publishing Group, Inc.
Editorial Office
Science Editor Ya-Juan Ma

via E-mail: y.j.ma@wjgnet.com

January 25th, 2015

RE: ESPS Manuscript NO: 15779 Decision Letter

Title: Metastasized pancreatic carcinoma with neoadjuvant FOLFIRINOX therapy and R0 resection

Dear Editor,

Thanks for your evaluation of our manuscript and for giving us the opportunity to resubmit a revised manuscript. As you suggested, we have revised the manuscript entitled "Metastasized pancreatic carcinoma with neoadjuvant FOLFIRINOX therapy and R0 resection" and took into account the criticism and suggestions made by the editors.
We hope that the revised manuscript will now be acceptable for publication in World Journal of Gastroenterology. Thanks again for your efforts with our paper.

Sincerely yours,

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Reply to the referees' comments on the manuscript entitled "Metastasized pancreatic carcinoma with neoadjuvant FOLFIRINOX therapy and R0 resection" ESPS Manuscript NO: 15779

1 Formatting has been updated

2 Revisions suggested by the viewer have been made:

Reviewer 00068443:

Many thanks for noting the missing citation, which had mistakenly been placed in the subsequent sentence. The third paragraph in the discussion segment was improved by including the respective citation number 11.
With regard to the suggestion of including histopathological imaging, we refer two additive images (Figure 3 A and B).

Reviewer 00054523:

With regard to the major comment, we agree that there are certainly exceptional cases, in which patients have survived significantly longer as described in the original study. It is of note that both patients described in the report had tumors in the tail of the pancreas with a negative Ca19-9 marker. Cases of this nature should be gathered for further study to determine whether the cases described are merely exceptional or involve something specific to treating tumors in the tail of the pancreas with FOLFIRINOX. The more FOLFIRINOX is used, the easier it will be to determine whether surgery—as is the case with colon cancers—has a life-extending benefit for patients with pancreatic cancer.
With regard to the timeline mentioned, we refer to the new table, which you will find attached.
The text has been shortened.
With regard to the histology of the tumors, we refer to histopathological images and to the supplemental information regarding the immunohistochemistry in each case description.

Reviewer 00053950:

Initially there were liver metastases detectable in CT-scans and in one patient histological diagnosis was confirmed by liver biopsy. However, at the time point of secondary resection of pancreas carcinoma no evidence of liver metastases was found in imaging in both cases before operation. An ultrasound of the liver was performed intraoperatively prior to resection of the primary tumors, neither of which showed anything more than scar tissue. In patient 1, for example, segment VII was resected non-anatomically and a scar was verified histologically. In patient 2, tissue that appeared to be scared was also resected subsequent to an intraoperative ultrasound. In this case no histological abnormalities were detected. Although it's medically impossible to entirely rule out the presence of tumor cells in the liver, no tumors were detected in the imaging during and prior to the operation. Furthermore histological no tumor cells were detectable in resected liver tissue.
We have revised Figure 1G as the reviewer suggested. This section is now at the level of portal bifurcation and just above the upper pole of the kidneys.
In Fig. 2 section D represents the postoperative situation. Here the pancreatic tail including the primary tumor as well as the spleen has been resected and no metastases are visible. We clarified the legend to this figure.

The overall survival is typically calculated as of the diagnosis of the pancreatic carcinoma, otherwise it wouldn't be possible to draw useful comparisons to other patients. Based on current research, each of the patients could have been expected to survive a mere 5 to 9 months, for which reason it seems quite rational to calculate the overall survival from the time of diagnosis.

3 Typesetting were corrected.