

George Van Buren, II, M.D.
Assistant Professor of Surgery
Michael E. DeBakey Department of Surgery
Baylor College of Medicine
6620 Main St Suite 1350
Houston, Texas 77030
Office: (713) 798-8070
Fax: (713) 798-8258
E-mail: George.vanburen@bcm.edu

| ~~January 14, 2017~~ ~~January 11, 2017~~

Damian Garcia-Olmo, MD, PhD, Doctor, Professor, Surgeon;
Stephen Strom, PhD, Professor
Andrzej Tarnawski, DSc, MD, PhD, Professor
Editors-in-Chief
World Journal of Gastroenterology

Re: Invited manuscript ID 03475302, "Pancreatic Endometrial Cyst Mimics Mucinous Cystic Neoplasm of the Pancreas"

Dear Dr. Editors:

Thank you for reviewing our manuscript entitled "Pancreatic Endometrial Cyst Mimics Mucinous Cystic Neoplasm of the Pancreas" for possible publication in the upcoming publication of *World Journal of Gastroenterology*. We appreciate the time and effort necessary to review manuscripts and hope the reviewers will find our work acceptable.

Reviewer 1 Comments:

Please avoid terms like ours and yours etc.
Introduction needs to be expanded and has no reference.
Ovary and adnexa etc status to be written even if normal.
Long term follow up.

Response: Thank you for the editing comments. The paper has revised the terminology. The Introduction has been expanded and references have been added.

We describe at the time of the operation that "The ovaries, Fallopian tubes, and uterus appeared normal without evidence of endometriosis." This has been added to the text.

At 16 months following the operation the patient is doing well without any abdominal pain recurrence. This has been added to the text

Reviewer 2 Comments:

1. Authors did not mention endometriosis developed in other sites except the pancreatic tail.
2. The anatomical relationship between pancreas tissue and endometriosis has to be described more in detail. If it is only adherent, the term "pancreatic" has to be changed as peri-pancreatic or some terms. It cannot be termed "pancreatic" in the title of this manuscript.

3. The discussion should have differential diagnosis whether the cyst arise from pancreas or peri-pancreatic tissue.

Response: We updated the report. The patient had a history of endometriosis. At the time of the surgery no other intraabdominal organs appeared to have endometriosis present. We added this to the text. This cyst was considered intra-pancreatic because pancreatic tissue was present in the wall of the cyst without a fat plane. We have left the description as a pancreatic cyst based on this analysis. We have added the differential diagnosis to the discussion and the synopsis.

Reviewer 3 Comments:

Dear authors, I made some correction in the text regarding grammatical errors. I think that the surgical specimen could be included in the figures.

Response: Thank you for the various formatting comments. We have made the appropriate changes. In regards the picture of the surgical specimen, unfortunately we do not have a gross picture. The pathology team at our institution does not routinely save gross pictures of specimens.

Reviewer 4 Comments:

The article had revealed a rare case and showed a nice discussion. The phrase "carcinoembryonic antigen" is preferred using in the abstract instead of its abbreviation "CEA".

Response: Corrected, Please see page 3 in the abstract.

Correspondence to:

George Van Buren II, MD

The Elkins Pancreas Center

Assistant Professor, Michael E. DeBakey Department of Surgery

Baylor College of Medicine

6620 Main St, Suite 1350

Houston, TX 77030

George.vanburen@bcm.edu

Telephone: 7137982262; Fax: 713798258

Sincerely,

George Van Buren, II, M.D.

Assistant Professor of Surgery, Michael E. DeBakey Department of Surgery