

Dear Guo,

Thank you very much for your letter and advice. We have revised the manuscript, and would like to re-submit it for your consideration. We have carefully evaluated the reviewers' critical comments and thoughtful suggestions, responded to these suggestions point-by-point, and revised the manuscript accordingly. All changes made to the text are in red so that they may be easily identified.

Meanwhile, we are really sorry to inform you that we do not have organization real-name mailbox from Nanjing Medical University. The publication list of the corresponding author (Xiao-Feng Zhang) is attached at page 2 and 3, and the email address of zxf837@tom.com is used for all the publications.

We hope that the revised version of the manuscript is now acceptable for publication in your journal.

I look forward to hearing from you soon.

With best wishes,

Yours sincerely,

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Publication List of Prof. Xiao-feng Zhang

1. Ge N, Zhang S, Jin Z, Sun S, Yang A, Wang B, Wang G, Xu G, Hao J, Zhong L, Zhong N, Li P, Zhu Q, Nian W, Li W, **Zhang X**, Zhou X, Yang X, Cui Y, Ding Z. Clinical use of endoscopic ultrasound-guided fine-needle aspiration: Guidelines and recommendations from Chinese Society of Digestive Endoscopy. *Endosc Ultrasound* 2017; 6(2): 75-82.
2. Lu L, Tang X, Jin H, Yang J, **Zhang X**. Endoscopic Ultrasound-Guided Biliary Drainage Using Self-Expandable Metal Stent for Malignant Biliary Obstruction. *Gastroenterol Res Pract* 2017; 2017: 6284094.
3. Hu B, Sun B, Cai Q, Wong Lau JY, Ma S, Itoi T, Moon JH, Yasuda I, **Zhang X**, Wang HP, Ryozaawa S, Rerknimitr R, Li W, Kutsumi H, Lakhtakia S, Shiomi H, Ji M, Li X, Qian D, Yang Z, Zheng X. Asia-Pacific consensus guidelines for endoscopic management of benign biliary strictures. *Gastrointest Endosc* 2017. DOI: 10.1016/j.gie.2017.02.031.
4. Yang J, Shen H, Jin H, Lou Q, **Zhang X**. Treatment of unresectable extrahepatic cholangiocarcinoma using hematoporphyrin photodynamic therapy: A prospective study. *Photodiagnosis Photodyn Ther* 2016; 16: 110-118.
5. Ye F, Shen H, Li Z, Meng F, Li L, Yang J, Chen Y, Bo X, **Zhang X**, Ni M. Influence of the Biliary System on Biliary Bacteria Revealed by Bacterial Communities of the Human Biliary and Upper Digestive Tracts. *PLoS One* 2016; 11: 11.
6. Lu L, **Zhang XF**. Gastric Outlet Obstruction--An Unexpected Complication during Coca-Cola Therapy for a Gastric Bezoar: A Case Report and Literature Review. *Intern Med* 2016; 55: 1085-9.
7. Bai Y, Ren X, **Zhang XF**, Lv NH, Guo XG, Wan XJ, Nie ZG, Han ST, Bie P, Tian DA, Ji M, Li ZS. Prophylactic somatostatin can reduce incidence of post-ERCP pancreatitis: multicenter randomized controlled trial. *Endoscopy* 2015; 47: 415-20.
8. Shen H, Ye F, Xie L, Yang J, Li Z, Xu P, Meng F, Li L, Chen Y, Bo X, Ni M, **Zhang X**. Metagenomic sequencing of bile from gallstone patients to identify different microbial community patterns and novel biliary bacteria. *Sci Rep* 2015; 2: 17450.

9. Yang J, Li Y, **Zhang X**. Meta-analysis of macrophage migration inhibitory factor (MIF) gene -173G/C polymorphism and inflammatory bowel disease (IBD) risk. *Int J Clin Exp Med* 2015; 8: 9570-4.
10. Yang J, Jin H, Gu W, Zhang X, **Zhang X**. Determinants of long-term complications of endoscopic sphincterotomy are infections and high risk factors of bile duct and not sphincter of Oddi dysfunction. *Eur J Gastroenterol Hepatol* 2015; 27: 412-8.
11. Zhou YF, Xu W, Wang X, Sun JS, Xiang JJ, Li ZS, **Zhang XF**. Negative methylation status of vimentin predicts improved prognosis in pancreatic carcinoma. *World J Gastroenterol* 2014; 20: 13172-7.
12. Yang J, Zhang X, **Zhang X**. Therapeutic efficacy of endoscopic retrograde cholangiopancreatography among pregnant women with severe acute biliary pancreatitis. *J Laparoendosc Adv Surg Tech A* 2013; 23:437-40.
13. Zhou Y, **Zhang X**, Zhang X, Guo Y, Lu W, Li J, Li Z. ERCP in acute cholangitis during third trimester of pregnancy. *Hepatogastroenterology* 2013; 60: 981-4.
14. Fan Z, Hawes R, Lawrence C, Zhang X, **Zhang X**, Lv W. Analysis of plastic stents in the treatment of large common bile duct stones in 45 patients. *Dig Endosc* 2011; 23: 86-90.

We would like to express our sincere thanks to the reviewers for the constructive and positive comments.

Replies to Reviewer 1

1. *There are minor spelling and grammatical mistakes, which needs correction.*

Thanks for carefulness of the reviewer. Correction has been made in the revised version.

2. *Discussion should be enriched by discussing clinical presentation, investigations, treatment, prognosis and complications as available in the literature about gastric heterotopic pancreas with pseudocyst formation.*

Thanks for the reviewer's suggestion, clinical presentation, investigations, treatment, prognosis and complications about gastric heterotopic pancreas with pseudocyst formation have been discussed in the Discussion section.

3. *Microphotographs of FNAC slides, if included, would further make the article interesting for astute readers.*

The microphotographs of FNAC slides has been added as Figure 2 in the revised version.

Replies to Reviewer 2

The authors describe a rare case of heterotopic pancreas complicated with pseudocyst. The case is interesting; it can be considered for publication.

Thanks for the recommendation of the reviewer.

Replies to Reviewer 3

1. *Abstract: Remove the first sentence ("endoscopic ultrasound-guided ... drainage") and replace it with a general sentence about heterotopic pancreas with pancreatitis. Also, in the abstract I would add that there was heterotopic pancreatitis that was confirmed with serum hyperamylasemia.*

Thanks for the reviewer's suggestion, the abstract has been re-written accordingly.

2. *Case report section: Change "vital signs were stable" to "vital signs were unremarkable."*

Thanks for the reviewer's suggestion. We have replaced the sentence in the revised version.

3. *Case report section: Was transabdominal ultrasound not performed initially when the diagnosis of pancreatitis was made (to evaluate gallbladder etc). Please clarify, and if US was ordered mention the findings.*

Thanks for the reviewer's reminder. Transabdominal ultrasound was performed initially when the diagnosis of pancreatitis was made, and no gallbladder stones or common bile duct stones were detected.

4. *Case report section: Immediately prior to drainage/stenting, what was the size of the pseudocyst? Also please state whether balloon/bougie dilation or needle-knife puncture of the cavity was performed. It is assumed no but would be helpful to clarify.*

The size of the pseudocyst immediately prior to drainage is 20 mm*23 mm under EUS. Balloon/bougie dilation or needle-knife puncture of the cavity was not performed.

5. *Case report section: At the time of initial EGD/EUS, it states “norma overlying mucosa” but I would specifically state that “there was no overlying umbilication/dimpling. Also, at the time of follow up EGD (5 months later), was any fistula site or dimple seen?*

Thanks for the reviewer’s suggestion, we have replaced the sentence in the revised version. Besides, at the time of follow up EGD (5 months later), there a dimple over the lesion.

6. *Case report section: At the time of follow-up EGD/EUS, no stent was seen. It would help to clarify that the stent had completely passed as confirmed by abdominal radiograph. Was a fluoroscopy image or an x-ray obtained?*

Thanks for the reviewer’s suggestion, an abdominal radiograph (5 months after the intimal treatment) was provided as Figure 4 in the revised version.

7. *Discussion section: The authors describe the symptoms caused by heterotopic pancreas. This should probably be changed to “heterotopic pancreatitis” since symptoms generally only occur when there is inflammation, pseudocyst, tumor, etc.*

Thanks for the reviewer’s suggestion, correction has been made in the revised version.

8. *Discussion section: For the sentence “Radiological diagnosis of gastric HP is difficult, however double contrast barium meal...” a reference to the literature should be cited.*

Thanks for the reviewer’s suggestion, a reference has been added in the revised version.

9. *Discussion section. The authors describe the role of EUS-FNA for diagnosing HP. They should also consider reading/citing other references such as the following: Karaca C et al; Gastrointest Endosc 2010; 37: 856-62 and Attwell A et al. World*

J Gastroenterol 2015; 21: 2367-73.

The study of Attwell A *et al.* was cited in the revised version, however, the former study cannot be found.

10. The authors do not mention previous case reports/series that describe HP presenting as symptomatic pseudocyst (Chung JP *et al.* *J Korean Med Sci* 1994; 9: 351-6 and Mulholland KC *et al.* *JOP* 2004; 5: 498-501) or gastric outlet obstruction (Haj M *et al.* *Clin Imaging* 2002; 26: 267-9. And Rimal D *et al.* *Int J Surg* 2008; 6: e52-4). These studies should be summarized and presented in the Discussion section.

Thanks for the reviewer's suggestion, these studies were summarized and discussed in the discussion section.

11. Unlike the other images, the CT scan image from Fig 1 does not show a definite SE lesion, but rather just a fluid-filled duodenum and stomach. Authors should consider an alternative CT image/slice. If not, please add an arrow to indicate the abnormal finding.

Thanks for the reviewer's suggestion, we have added arrows to indicate the abnormal findings.

Replies to Reviewer 4

Major revisions:

1. I assume that the title does not meet the described sentence and is not attractive for readers. The efficacy of EUS-FNA diagnosis for heterotopic pancreas has been already reported as follows: (Ref.) Heterotopic pancreas complicated by pseudocyst in the gastric wall diagnosed by endoscopic ultrasound-guided fine needle aspiration. *Endosc Ultrasound*. 2013 Jul;2(3):159-61. Accordingly, the strength of this paper is to mention a first- ever application of EUS drainage for this type of disease. Thus, I suggest the modified title 'Interventional endoscopic ultrasound for symptomatic pseudocyst secondary to gastric heterotopic pancreas'

may be more suitable and attractive. Thus, modification of the title is needed.

Thanks for the review's suggestion, the title was changed accordingly.

2. *In the session of 'DISCUSSION', 'Authors describe that no specific diagnostic methods can be employed and a pre-operative diagnosis is seldom possible. However, in addition to FNA, a novel sampling method is currently introduced. Thus, you had better refer and discuss current tissue sampling method such as submucosal tunneling biopsy as following reference. (Ref.) Gastric Duplication Cyst with Heterotopic Pancreas and Ectopic Submucosal Gland on Submucosal Endoscopy. Dig Endos; 2016; 28: 220-223.*

Thanks for the review's suggestion, the novel sampling method was referred and discussed in the revised version.

3. *In the session of 'DISCUSSION', authors should discuss the efficacy, safety and indication of interventional EUS, while citing following references. I. Current status of interventional endoscopic ultrasound. Dig Endosc. 2017 Mar 20. doi: 10.1111/den.12872 II. EUS-guided drainage of peripancreatic fluid collections and necrosis by using a novel lumen-apposing stent: a large retrospective, multicenter U.S. experience (with videos). Gastrointest Endosc. 2016 Apr;83(4):699-707. III. A multi-institutional survey on the practice of endoscopic ultrasound (EUS) guided pseudocyst drainage in the Asian EUS group. Endosc Int Open. 2015 Apr;3(2):E130-3.*

Thanks for the review's suggestion, these studies have been cited in the revised version.

Minor revisions:

1. *Regarding the introduction of Interventional EUS therapy, the sentence of Informed consent obtained from the patient is needed in the session of 'CASE REPORT'.*

Thanks for the review's suggestion, the sentence of informed consent obtained

from the patient has added in the revised version.

2. *In the session of 'CASE REPORT', Soon after, the symptoms of abdominal pain and vomiting were subsided and complete blood cell count and serum amylase returned to normal levels.' Is this 'blood cell' count correct? I assume leukocyte is correct.*

Thanks for the review's suggestion, correction has been made in the revised version.