

Answers to peer-reviewers. Reviewer's code: 00037961

1) Please edit the abstract. Remove the last sentence from the abstract. I have summarized the abstract in my review.

→I removed the last sentence from the abstract and edited the abstract with reference to your summary.

2) On page 7, line 2, please change the word from intact to elevated.

→I changed it.

Please refer to all of the figures in the manuscript in particular, page 7, paragraph 2.

→I checked and inserted figure number.

3) at the end of the paragraph on page 7, please explain or revise the sentence "blood chemistry showed that the tumor was non functional"

→I introduced the new sentence in case report section.

The tumor was non-functional pNET, because levels of pancreatic endocrine hormones such as insulin were not elevated.

4) Discussion section, please provide section breaks so that the readers get a clear interpretation of the data analysis

→ I provided section breaks.

Answers to peer-reviewers. Reviewer's code: 01191922

1. More details should be provided about the operation. Laparoscopic or open, spleen preserving or not preserving?

2. How many days did the patient receive surgery after EUS-FNA?

→I introduced the new sentence in case report section.

we performed laparoscopic spleen-preserving pancreatic body and tail resection 50 days after EUS-FNA.

Spontaneous rupture of the cystic pNET in the current case is only a speculate.

Is the tumor rupture and diameter reduction related with the procedure of EUS-FNA? If not, please explain why.

→I introduced the new sentence in case report and discussion section.

The microtumor in the pancreatic body on which EUS-FNA was performed was separate from the main lesion (Figure 5A, B). A scar from EUS-FNA was identified in the microtumor (Figure 5B).

We performed EUS-FNA of the microtumor in the pancreatic body separate from the cystic pNET in the pancreatic tail, so EUS-FNA might not have been related to rupture. We could not rule out the possibility that rupture was associated with instrumental pressure from EUS examinations, but such high pressure on the cystic lesion was considered unlikely to arise in normal EUS examination or EUS-FNA. The scar from EUS-FNA is shown in Figure 5B.

The scar of EUS-FNA to the microtumor in the pancreatic body was in Figure 5B, and it was histologically proved.

3. What is the IHC Ki-67 index of the tumors, as it is an important parameter for pNET? Did these tumors have the same Ki-67 index?

→I introduced the new sentence in case report section. Ki-67 index in the main lesion was 1.01%. Other microtumors had similar findings.

Please provide follow-up details for this patient.

→I introduced the new sentence in case report section.

As of the time of writing, the patient remains alive without recurrence more than 2 years postoperatively. Asymptomatic pituitary adenoma and parathyroid adenoma are being followed-up by an endocrine physician, and no clinical symptoms or abnormal results from blood testing have been encountered.

Answers to peer-reviewers. Reviewer's code: 00504442

1, Resection method; laparoscopic resection or laparotomy?

2, How many days after EUS-FNA resection was performed?

→I introduced the new sentence in Case report section.

we performed laparoscopic spleen-preserving pancreatic body and tail resection 50 days after EUS-FNA.

3, Did you confirm the EUS-FNA puncture route histologically in the resected material?

→I introduced the new sentence in case report and Discussion section.

The microtumor in the pancreatic body on which EUS-FNA was performed was separate from the main lesion (Figure 5A, B). A scar from EUS-FNA was identified in the microtumor (Figure 5B).

We performed EUS-FNA of the microtumor in the pancreatic body separate from the cystic pNET in the pancreatic tail, so EUS-FNA might not have been related to rupture. We could not rule out the possibility that rupture was associated with instrumental pressure from EUS examinations, but such high pressure on the cystic lesion was considered unlikely to arise in normal EUS examination or EUS-FNA. The scar from EUS-FNA is shown in Figure 5B.

The scar of EUS-FNA to the microtumor in the pancreatic body was in Figure 5B, and it was histologically proved.

4, Abstract and discussion are very long, if possible, you had better simplify

focus on the diagnostic way and histological findings.

→I summarized it as simple as possible.