

**Name of journal:** World Journal of Gastroenterology

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**Title:** Cancer risk in primary sclerosing cholangitis: epidemiology, prevention, and surveillance strategies

**Comments from the Reviewers:**

**Reviewer #1 Comments:** Dear authors Congratulations on the mini-review Reference 73 seems to be out of place. There is no mention to PSC recurrence on the paragraph it is inserted. Regards

**Response:** We thank and agree with our Reviewer. We have removed the reference of concern and replaced it with a more appropriate reference.

**Reviewer #2 Comments:** Thank you for the opportunity to review this manuscript The paper is well write. The minireviewer is quite complete. I would like that the authors report the epidemiology and the survillances strategies about too the organ specific disease often present with primary sclerosing cholangitis, like thyroiditis.

**Response:** We thank our Reviewer for these constructive comments. While we agree that the epidemiology and surveillance of conditions such as thyroiditis are important, we believe these conditions are out of the scope of this review focused on cancer risk and thus may be better suited for a different review. Nonetheless, we have inserted several references to studies looking at thyroid disease in PSC to help readers readily access information on this topic.

**Reviewer #3 Comments:** This is a well written mini review discussing the risk of malignancy developing in PSC. The authors have discussed CCA risk as well as HCC, GB Ca and CRC risk especially in the setting of coexisting IBD. The authors should also discuss the risk of lower end or mid CBD cholangio Ca separately from perihilar and Intrahepatic CCA and also the impact of PSC /IBD on pancreatic adenocarcinoma incidence. The authors should also mention the existing data for de novo tumor in remnant bile duct when the native duct was preserved during transplant.

**Response:** We thank our Reviewer for these insightful comments and have made the suggested changes. We have included a discussion about the various subtypes of CCA (intrahepatic, perihilar, and distal/extrahepatic tumors). Although we originally did not include the risk of pancreatic adenocarcinoma in patients with PSC in this review

due to the lack of robust data supporting this association, we agree that its inclusion makes this review more complete and have thus added a section on pancreatic cancer risk. Lastly, as suggested, we have included a discussion of data supporting the risk of de novo tumor growth in the remnant bile duct after liver transplantation.