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Dear Editor

We deeply appreciate your helpful and careful revisions to our manuscript entitled "Surgical method choices and the coincidence rate of pathological diagnoses on transduodenal ampullectomy: A retrospective case series study and review of the literature", which have helped us to improve the manuscript.

Please find enclosed our revised manuscript (file name: 44564-Revised-Manuscript-revision.docx). Running title and background were added to the manuscript following your reminders and the guidelines and requirements for manuscript revision. A copy of the full approved grant application form(s), consisting of the information section and body section was provided to the BPG in PDF format. Likewise, an audio file describing the core tip was provided. Further, we have revised our manuscript according to the comments of reviewers.

All authors approved the revised version of the manuscript. Thank you again for considering the possible publication of our manuscript in *World Journal of Clinical Cases*.

Sincerely yours,

On behalf of all authors,

Dr. Hu Tian (ID:03214632)

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Answering Reviewers

Firstly, we are grateful for the reviewers for their comments and suggestions to our manuscript and the opportunity to respond to the reviewers' comments.

Secondly, we will answer the reviewers one by one.

Reviewer #1

Reviewer's code: 02714171

COMMENTS: There are some typing errors: - For Vater and Oddi could be used Capital letters; - In Introduction (page 4) a full stop is missed; - In Surgical procedures please reconsider the meaning of first five lines.

Answer: Thanks for your constructive suggestions to improve the manuscript. We have capitalized the "v" in Vater and the "o" in Oddi in our revised manuscript. A full stop has been added in Introduction (page 4). In Surgical Procedures (page 7) of the first five lines, the describes of surgical procedures were revised.

Reviewer #2

Reviewer's code: 00070310

COMMENTS: This paper retrospectively studied cases with transduodenal ampullectomy and reviewed the literature. This paper is interesting. TDA is a choice for duodenal benign or borderline tumors. However, I consider this paper will require some revision before publication. (1), Do the intraoperative frozen-section pathological findings can reveal the depth of cancer invasion (T1/T2)? (2), Please show your data of conversion cases to PD from TDA.

Answer: Thanks for your comments. The answer of comment (1) : We used endoscopic ultrasound and intraoperative ultrasound to reveal the depth of the tumor invasion. Intraoperative frozen-section pathological examination is required to determine the R0 resection margin of the tumor. And these is

included in our manuscript. The answer of comment (2) : All patients underwent endoscopic ultrasound (EUS), computed tomography (CT) or magnetic resonance imaging (MRI), as well as the endoscopic biopsy prior to surgery. These 10 patients accepted TDA based on the fact that their endoscopic biopsy results showed benign lesions and the endoscopic ultrasound-assessed tumors were resectable. We hold to strict standards to master the operation indications of TDA before the operation, and we only have one conversion case from TDA to PD based on the intraoperative frozen-section pathology result showed positive surgical margins of bile duct.