

Response to reviewer:

The text has been linguistically revised throughout by one of the authors who is a native speaking Englishman (Mr. Jamieson) and corrected for other points as suggested by the referee remarks and questions.

Please find below a further point-by-point response as follows:

SPECIFIC COMMENTS TO AUTHORS

Major Comments: This manuscript deals with the treatment of patients with pancreatic IPMN. Several questions remain unanswered and the "dilemma" is not solved, but this is not the fault of the authors, as evidence provided in the literature is scarce. The name used for the described disease ("Intrapapillary mucinous neoplasm", Introduction, first paragraph) differs from the common conventions (-> intraductal papillary mucinous neoplasm).

RE: We apologize for this obvious typo, and have corrected and made sure this is revised throughout the manuscript. All abbreviations are also presented on the front page of the manuscript, per journal standards.

Minor Comments: The contribution of each author should be specified.

RE: JRA, NBJ and KS all contributed to the outline, literature search, drafting of the paper, critical revisions and final acceptance for submission.

Section "IPMN – a premalignant condition": "Thus, the main rationale for surgery is to resect lesions that are either harbour early cancerous lesions or, preferably, to remove lesions that have high grade dysplasia but have yet to develop into invasive cancer." – Please correct this sentence.

RE: We apologize for the spelling, this has now been revised.

Section "Population at risk for IPMN": "Particularly, in the aging population, when the prevalence of numerous medical conditions increase[12], and with an increasing number of cross sectional imaging undertaken for work-up or surveillance of other prevalent cancers, which often leads to the incidental detection of cystic lesions in the pancreas." – Please complete this sentence.

RE: Thanks for pointing this out. This has now been revised for clarity.

Section "Considering patient fitness": "high-risk stigmata is associated with" -> high-risk stigmata are associated with (or: the presence of high-risk stigmata is associated with).

RE: Revised accordingly.

Section "Resection or surveillance – the dilemma": "In a retrospective study including 75 patient with IPMN justifying resection if histological result was high-grade dysplasia, malignancy or symptom improvement, resection was justified in 54%, 53% and 59% according to the IAP, European and AGA guidelines respectively." – "75 patient" -> 75 patients; what is meant by "if histological result was [...] symptom improvement"?

RE: This has been revised for clarity.

Section "IPMNs of main duct, branch duct and mixed type": "a high-risk stigmata" – stigmata is plural (singular: stigma); "a criteria for resection" – criteria is plural (singular: criterion);

RE: Revised

"another study from Verona did not call main duct dilatation as a risk for malignancy" -> another study from Verona did not call main duct dilatation a risk for malignancy;

RE: Revised

"Notably, the bi-institutional series from Johns Hopkins and Karolinska was based on resected IPMNs, thus potentially biasing the results towards patients who otherwise got a resection" – Please clarify this sentence;

RE: Revised for clarification

"Controversy persist" -> Controversy persists;

RE: Revised accordingly

"New onset diabetes is also enough for resection in healthy individuals if following the European criteria, but is now a criteria for resection in the other guidelines (Table 1)." – Please clarify this sentence (it is not consistent with Table 1);

RE: This has been revised accordingly: *New onset diabetes is also a sufficient indication for resection in healthy individuals when following the European guidelines as it is a "relative indication" which should lead to resection in patients without comorbidities (Table 1). New onset diabetes is not a criterium for resection in the other guidelines, but the ACG guidelines acknowledges its importance and recommend further investigation and tighter surveillance.*

"The ACG guidelines acknowledges its importance" -> The ACG guidelines acknowledge its importance.

RE: Revised accordingly

Some sentences are grammatically unclear; e.g., "Thus, finding incidental IPMNs is likely to increase with the widespread use of cross-sectional imaging, yet the consequences for either resection or surveillance needs to be tailored to the likely clinical impact for the particular person" (Section "Population at risk for IPMN");

RE: Revised : *"Thus, finding incidental IPMNs is likely to increase with the widespread use of cross-sectional imaging and resection vs. surveillance needs to be tailored to the likely clinical impact and outcome for the particular person"*

"Furthermore, the indications may be absolute or relative (Table 1) with in partial disagreement between guidelines and ongoing debate among pancreatologists and pancreatic surgeons";

RE: Revised to *"Furthermore, the indications may be absolute or relative (Table 1) with partial disagreement between guidelines and ongoing debate among pancreatologists and pancreatic surgeons"*

"There are referred to as absolute indications in the European guidelines and high-risk stigmata in the IAP guidelines";

RE: Revised

"The AGA guidelines which results in a more conservative approach (Table 1), would have missed the surgical indication for 2 patients with malignancy and 2 patients with high-grade dysplasia" (Section "Resection or surveillance – the dilemma").

RE: Corrected and revised.

Please eliminate the alternating use of American and British English (e.g., "center"/"calibre", "harbors"/"harbour").

RE: Corrected to British English throughout.

Section "Resection or surveillance – the dilemma": "Ca19-9" -> CA 19-9.

RE: Revised.

Figure 1 should be omitted; it does not offer substantial information.

RE: We feel that the figure adds an illustrative point of the content of the paper and havet hus decided to keep this for educational purposes. Should the editor feel otherwise, we are happy to comply with their instructions.

Table 1: "multidiciplinary team" -> multidisciplinary team; "worrysome" -> worrisome; "seconday" -> secondary; "Ca19-9" -> CA 19-9.

RE: Corrected

The reference list also requires revision; some parts are not consistent with the guidelines of the journal; DOIs and PMIDs are not provided.

RE: Revised accordingly