

May 02, 2020

Professor Lian-Sheng, Ma

Company Editor-in-Chief

Re: Revision Manuscript ID: 55298

Dear Editors:

Enclosed please find our revision paper entitled “*Adjuvant Nab-paclitaxel plus Gemcitabine versus Gemcitabine Alone for Resected Pancreatic Ductal Adenocarcinoma: A Single Center Experience in China*”.

We appreciate the Reviewer’s helpful comments and suggestions. The quality of English language of the manuscript has been polished by the MedE Editing Group (reached Grade A). Any changes with the original manuscript were highlighted in red color. Accordingly, we have added 3 references (No.17, PMID: 22502948; No.24, PMID: 7080663; and No.25, PMID: 31955005). We have also provided point-by-point responses to the individual comments raised by the Reviewers. We hope that you will find this paper is now suitable for acceptance and publication in *World Journal of Clinical Cases*.

Answering Reviewers

Reviewer’s code: 02733628

Dear author, Thank you for sharing your article entitled “Adjuvant Nab-paclitaxel plus Gemcitabine versus Gemcitabine Alone for Resected Pancreatic Ductal Adenocarcinoma: A Single Center Experience in China” Your article is good in grammar and scientific writing rules. The topic is actual and well described.

Reply: We appreciate the reviewer and thank the positive comments.

Reviewer's code: 03766580

The present trial is a retrospective trial which was not randomized but the cases were selected by random. Therefore, there is a selection bias in the reported results. Additionally there is no comparison with previous reported results, while the APACT study has reported negative results regarding the nab-paclitaxel - based regimen A better presentation of the results could be re-evaluated for potential publication.

Reply: This is a very reasonable concern. With literature reviews, we added the results and comparison of APACT trials in the discussion section as followings and highlighted in red color. We look forward to seeing the results of this study that are expected by 2022. Additionally, we'd like to perform further study on adjuvant chemotherapy with AG.

Results of the global phase III APACT trial have been reported at ASCO 2019. The APACT trial revealed that there was no statistical benefit for adjuvant chemotherapy with AG by independent central review^[24, 25]. The median DFS by independent review was 19.4 mo in the AG group and 18.8 mo in the GEM group (P=0.1824). However, the sensitivity analysis of investigator assessment demonstrated a significant improved for both DFS (16.6 mo vs. 13.7 mo, P=0.0168) and OS (40.5 mo vs. 36.2 mo, P=0.045) with the use of AG, as compared to GEM only. The ongoing Phase III APACT study is investigating survival for adjuvant GEM compared with AG for resected PDAC. We look forward to seeing the results of this study that are expected by 2022.

In conclusion, AG may be potential option for postoperative adjuvant chemotherapy of resectable PDAC.

Sincerely yours,

Zhu-Zeng Yin, MD., Ph.D.

The second department of hepatopancreatobiliary surgery, The first medical center of Chinese PLA General Hospital

28 Fuxing Road, Haidian district, Beijing City

E-mail: yinzhuzeng@163.com