

Dear Reviewer,

Your suggestions represented a precious contribution to improve our paper. Enclosed please find the new version of our manuscript (Manuscript ID: 60052), entitled “Pancreatic mucinous cystadenocarcinoma in a patient harbouring BRCA1 germline mutation effectively treated with olaparib: a case report” which we have revised in compliance with your suggestions.

Point by point responses:

“A rare case with pancreatic mucinous cystadenocarcinoma is presented, The histological examination of surgically resected tissue should be shown. Immunohistochemical analysis with mucin specific staining would be informative”

We added two figures showing the histological examination of surgically resected tissue.

“Please update the follow-up result”

We updated the follow-up result. “An 18F-FDG PET-CT performed in May 2020 documented an almost complete metabolic response (SUV = 2.1) with a reduction in diameter of the lesion (Figure 4). Over the next three weeks, treatment was discontinued due to drug shortage related with COVID-19 pandemic. In June 2020, treatment was restarted and another 18F-FDG PET-CT performed in September 2020 revealed an 18F-FDG uptake similar to that showed in May 2020 (SUV = 2,3), while CEA level was 1,45 ng/ml. The patient is still well and receiving olaparib”

“The method for BRCA analysis is not written. The assessment of this BRCA1 c.41117G>T variant should be conducted. When it is a pathogenic variant, the checked database should been indicated”.

We added this information in the manuscript. “Constitutional DNA of the patient was analyzed for BRCA1 and BRCA2 variants through Next Generation Sequencing (ION Torrent S5) and the variant c.4117G>T (p.Glu1373Ter) was detected in the BRCA1 gene.” Since it is a truncating variant, it is regarded as definitely pathogenic (for this reason we did not specify the database)

“In discussion, “screening for BRCA mutations was offered only to those patients with a family history” does not have references. This historical indication is limited in Italy?”

We added the reference. In our knowledge, this historical indication was not limited only to Italy. Herein, our intent was to underline the change in clinical practice after POLO trial and other studies.

"CARE checklist needs lines/pages".

We uploaded a new CARE checklist with lines

"In Figure 1, what is the difference between A and B?"

A is the arterial phase while B is the portal phase. We added this information in the manuscript

"The value of CEA levels should be shown after chemotherapy with FOLFIRINOX and olaparib"

We added CEA levels after chemotherapy with FOLFIRINOX and olaparib

"18F-FDG PET-CT is accurate" Sorry, we didn't understand, if it is accurate we do not have to change it.

Thank you for your consideration,

Sincerely,

Riccardo Carloni, MD

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