

Answering reviewers

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

1) The tumor is large for normal pancreatic ductal adenocarcinoma. Please describe in detail the pathological results including whether there are cysts or necrosis in the tumor. There were no pictures of histology. The macroscopic and microscopic images of the primary pancreatic adenocarcinoma should be added.

Answer: We are sorry about making a vague description on the postoperative pathological report. The pathological report showed that the resected body and tail of the pancreas is about 9.5cm*3.5cm*1.5cm, while the solid tumor is only about 2.0cm*1.1cm*2.5cm. We have corrected this part in the article. Thanks for your questions. We added the microscopic images of lung metastases, but it is difficult for us to find the macroscopic and microscopic images of the primary pancreatic adenocarcinoma, because the resection was not carried out in our hospital. We can show you the pathological report to confirm the primary pancreatic tumor and its characteristics.

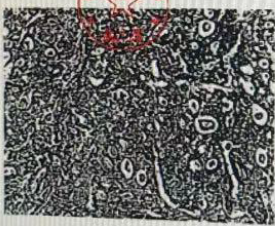
Pathological report of primary pancreatic tumor

北京协和医院
彩色病理检查报告

临床诊断: 待查
送检材料/部位: 胰尾、脾及肿物; 第11组淋巴结

肉眼检查:
A: 切除脾脏及部分胰腺, 部分胰腺大小9.5x3.5x1.5cm, 脾脏大小9x6.5x2.5cm。书页状切开胰腺, 距胰腺断端6.2cm可见一肿物, 大小2.0x1.1x2.5cm, 切面灰粉、实性、质稍硬, 与周围界限欠清, 肉眼见侵及脾门脂肪组织, 紧邻脾脏。胰周脂肪组织中找到淋巴结样组织数枚, 直径0.5-0.8cm; 脾门周脂肪组织内找到淋巴结样组织数枚, 直径0.3-0.8cm。
B: 灰黄脂肪样组织一堆, 直径1.2cm。

图像:



病理诊断:
(胰体尾)中分化导管癌, 侵及胰周脂肪组织, 局灶累及脾实质, 胰腺断端未见肿瘤; 淋巴结转移癌(胰周4/8、脾门75/13、第11组0/4)。
免疫组化结果显示: AAT(+), AACT(+), CK20(个别+), CK7(+), AE1/AE3(+), CD56(NK-1)(-), CEA(-), CgA(-), Gastrin(-), Glucagon(±), Insulin(-), Serotonin(-), Somatostatin(-), Syn(-), p53(+), Ki-67 index约10%。
特殊染色结果显示: 粘卡(-)。

诊断日期: 2013-01-05
复诊医师: 肖雨 游燕
初诊医师: 朱琳

2) What does AACT stand for? (Page 2, line 29)

Answer: AACT is the abbreviation of alpha-1 antichymotrypsin, a member of the serine proteinase inhibitor (serpin) family. Recently, alpha 1-antichymotrypsin has been regarded as a diagnostic marker of hepatocellular carcinoma and gastrointestinal tumor.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: The topic of this manuscript falls within the scope of World Journal of Clinical Cases. The Authors reported a rare case of a ductal adenocarcinoma of the pancreas with lung metastases with long term survival (greater than 8 years). The patients has BRCA1-associated protein 1 (BAP1) and phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha (PIK3CA) gene mutations and RAF 1 fusion. The patient with three gene alterations (BAP1- PIK3CA and RAF-1 fusion) in ductal adenocarcinoma of pancreas had long survival with APATINIB. In Letterature, untill now, there are no reports of a long term survival in patients with pancreatic ductal adenocarcinoma with RAF-1, BAP1 and PIK3CA aberrations treated with APATINIB. It is a very interesting manuscript. The Authors must correct in the Abstract afatinib with APATINIB. Case is good. Discussion is well organized. Complete the References.

The Authors must correct in the Abstract afatinib with APATINIB. Complete the References.

Answer: We have corrected this mistake and completed the references in revised manuscript.