

Answering Reviewers

January 20, 2022

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 73083-Review.doc)

Title: Successful treatment of stage IIIB intrahepatic cholangiocarcinoma using neoadjuvant therapy with the PD-1 inhibitor camrelizumab

Author: Shu-Guang Zhu, Hai-Bo Li, Tianxing Dai, Hua Li, Guo-Ying Wang

Name of Journal: World Journal of Clinical Cases

ESPS Manuscript NO: 73083

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewer.

The first review's composition comment on the manuscript and my answer

(1) Did you checked for PD-L1/PD-1 expression (by means of IHC) on liver biopsy or on the resected specimen? Could you please provide this data as well. I think it is important and it will increase the novelty of this case.

Answer: No, We did not check for PD-L1/PD-1 expression (by means of IHC) on liver biopsy or on the resected specimen; According to your suggestion, we have checked the PD-L1 expression on the resected specimen by means of IHC. The IHC pictures are as follows:

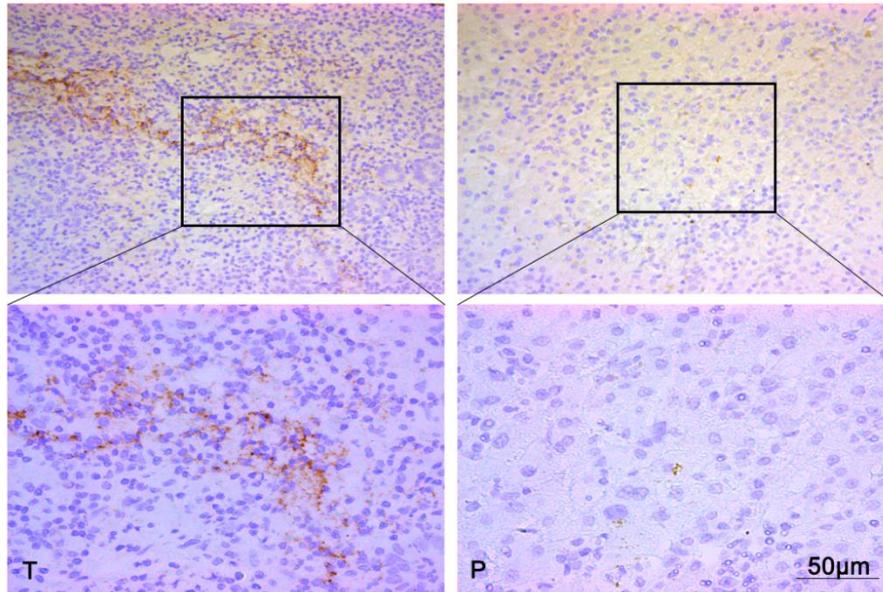


Figure legends: PD-L1 expression on the resected specimen by means of IHC, PDL-1 was significantly expressed in tumor tissues, but not in adjacent tissues.

The second review's composition comment on the manuscript and my answer

(1) The authors should add the medical history of patient.

Answer: Yes, I agree with your comment and have added the medical history of patient: He has liver cirrhosis and

(2) Physical exam of the liver, spleen and the abdomen is missing.

Answer: Yes, I agree with your comment and have added Physical exam of the liver, spleen and the abdomen

(3) The status of portal hypertansion is missing.

Answer: Yes, I agree with your comment and have added the status of portal hypertension in the article.

(4) Regarding the aortic metastasis , the authors should provide more informations (they were resected?)

Answer: Yes, I agree with your comment and we provide more informations as below: After three rounds of PD-1 immunotherapy and two rounds of GP regimen

chemotherapy, the tumor size of the patient was reduced, and a PR was achieved. radical operation (plus lymph node dissection) is the only method to cure intrahepatic cholangiocarcinoma, a multidisciplinary evaluation determined that this tumor should be surgically removed. The Group 16 lymph nodes were removed by exploratory laparotomy, and rapid frozen pathology found that they were negative.

(5) why did they perform the liver biopsy ? (the risk of peritoneal metastasis is high and the guidelines not recommend it if the patient undergo surgery).

Answer: Yes, I agree with your comment the risk of peritoneal metastasis is high. But this patient was initially diagnosed ICC (stage IIIB) with hilar and retroperitoneal lymph node metastasis, According to the NCCN guidelines, Chemotherapy was recommended. There must be pathology before chemotherapy. At this time, the patient could not undergo surgery. Therefore, we performed liver biopsy.

(6) At the discussion section there are some contradiction regarding the status of lymph node and the survival rate.

Answer: Yes, I agree with your comment and we have made corrections in the discussion section.

(7) The conclusions section is missing.

Answer: Yes, I agree with your comment and we have added the conclusions section.

(8) The abstract is too long and contain abbreviations.

Answer: Yes, I agree with your comment and we have compressed the abstract and the abbreviations are commented.

(9) The pictures are accurate and well picked.

Answer: Thank you very much for your affirmation of us. In order to express the meaning more clearly, these real pictures need to be presented to readers accurately.

Thank you very much for publishing our manuscript in the World Journal of Clinical Cases.

Sincerely yours,

Guo-Ying Wang, MD&PhD

Department of hepatobiliary surgery, the First Affiliated Hospital of Guangzhou Medical University, Guangzhou 510220, Guangdong, China.

