Dear Editor:

Thank you very much for your letter and for the reviewers' comments concerning our manuscript entitled "Correction to 'Genome-wide CRISPR-Cas9 screening identifies HIF-1a-meditated CBX8 promotes pancreatic cancer progression via IRS1/AKT Axis.'" (manuscript NO.76911). We appreciate the time and effort that you and the reviewers have dedicated to providing your valuable feedback on my manuscript. We are truly sorry for our mistake and the trouble we have caused you. Those comments are all valuable and very helpful for revising and improving our paper. We have modified the manuscript in accordance with the comments. In this cover letter, the reviewers' comments are laid out below in *italicized font* and our response is given in normal font. Point by point responses to the reviewers' comments are listed below this letter.

Reviewers 1's comments:

The authors found the mistake in Figure 6C and want to correct it. The new figure showes similar trends in three groups, so it should not change the results and conclusions. One minor concern is that the authors also changed the mark of p value in Figure 6B, D, E from "a,b" to ", **". Then the P values in the figure legend need to be corrected according to the changes in the figure.*

Our reply:

Thank you very much for your constructive comments. We have replaced the incorrect images with the correct Figure 6C. At the same time, there are no errors in figure6D and 6E that need to be corrected since the statistical data was based on the correct figure6C. All the marks of p value in the primary manuscript were still on the form of "a, b".

Reviewers 2's comments:

Sorry that I did not see it..

Our reply:

Thank you very much for your comments.

Reviewers 3's comments:

The authors have clarified several of the questions raised in while auto-reviewing. Most of the major problems have been addressed by this revisionIn the frame of the authors'thinking, and consistently to their fiondings the presence of Hyaluroren (HA) in the microenvironment can help tumor progression by promoting cell proliferation, migration, invasion, metastasis, angiogenesis, and chemotherapeutic resistance. HA and its receptors have been shown to be overexpressed in PDAC in many studies. Importantly, irregular HA accumulation is related to a worsening prognosis in PDAC patients. The accumulation of extracellular HA caused by forced expression of synthesizing genes stimulated tumor growth in an experimental model of PDAC. These results indicate that HA may play a key role in the development of PDAC and may be a therapeutic target (please refer to PMID: 33918146 and briefly discuss it).

Our reply:

Thank you very much for your suggestions. As you said, we also believe that HA may play a key role in the development of PDAC and may be a therapeutic target. We would like to explore the functions of HA in our further research.

Thank you and best regards.

Yours sincerely,

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