

Dear reviewer,

Thank you very much for your comments and professional advice. These opinions help to improve academic rigor of our article. Based on your suggestion and request, we have made corrected modifications on our manuscript (NO:84369). Furthermore, we would like to show the details as follows:

**Reviewer1#**

1. Title: inflammatory myofibroblastic tumor of pancreatic neck mimicking as neuro-endocrine tumor: A case report could be an another crisp and clear title.

**The author's answer:** We sincerely appreciate the valuable comments, but we can't think of a better title for the moment. We would appreciate it if you could give us further suggestions.

2. Why the CECT done straight forwardly unless the presenting symptoms and history of present illness suggested that investigation.

**The author's answer:** Because the patient has already done US in the other hospital, the diagnosis was not clear, so he was admitted to our hospital for CECT for further diagnosis.

3. Is the pancreatic mass is growing without any symptoms has not been mentioned.

**The author's answer:** We had mentioned in the line 3 of the case summary that the patient did not have any clinical symptom. In order to clarify the history of present illness, we added the patient's clinical feature in this part.

4. If patient is on follow up in some hospital and referred to your hospital for treatment, since how long they have been following up?

**The author's answer:** The patient found a small pancreatic tumor in a physical examination one year ago. However, two months ago, the follow-up of the physical examination center found that the tumor became bigger, then he was referred to our hospital.

**Reviewer 2#**

1. First of all, the references start from 4 in the introduction part. No reference is used in the abstract. Please check.

**The author's answer:** Thank you for your advice. We have carefully revised the references in manuscript.

2. In addition, plain CT was used as the imaging method. What is the reason why they do not prefer a method such as EUS, MR or PET? Why was FNAB not done? Please explain.

**The author's answer:** Thank you for your professional advice. EUS was performed in other hospitals and did not provide exactly outcomes. The patient also underwent MRI three days after CT examination, but it was not shown due

to space cause. Also, according to the guidelines, our imaging department gave suggestions for further PET examination, but in the end, clinicians did not choose to examine, and the reasons were not clear. We guess that it may have something to do with medical insurance. Finally, for FNAB, it was because the patient could not tolerate it during the puncture and it failed in the end.

2. What is your reason for not considering enucleation for this mass with benign features?

**The author's answer:** Enucleation should not be used when the lesion is close to the common bile or pancreatic ducts, because that could injure the duct, resulting in a pancreatic fistula. Although no evidence of pancreatic duct involvement was found by imaging in this case, the surgeon found that the main pancreatic duct was involved during the operation, so the middle pancreatectomy was adopted.

4. Please show the mass with an arrow in Figure 1.

**The author's answer:** We sincerely thank you for your valuable comments. We have marked arrows in Figure 1.

We tried our best to improve the manuscript and made some changes. We appreciate for reviewers' warm work earnestly, and hope the correction will meet with approval. Once again, thank you very much for your comments and suggestions.

Yours sincerely,  
Peng Liu  
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