

1st-Dec-2023

Dear Editor,

**Re: Imaging, pathology, and diagnosis of solitary fibrous tumor of the pancreas:
A case report and literature review. (Manuscript number: 88903).**

We sincerely appreciate the thorough analysis and constructive suggestions provided by the reviewer, which are very helpful in guiding us to further improve our work. With this round of revision, as described below, we have outlined point-to-point responses to address the concerns raised by the reviewers and have marked the changes in the manuscript.

We hope that you are satisfied with the revision, and we look forward to hearing from you soon.

Thank you and best Regards,

Sincerely yours,

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Response to Reviewer's comments

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Response: Thank you are reviewing the affirmation of the teacher, and at the same time to reviewing the teacher work smoothly, happy life.

Specific Comments to Authors: Key words: change to "pancreas, neoplasm fibrous tumor, EUS FNB" Case presentation: please explain that as this was not a hypovascular lesion pancreatic adenocarcinoma was not a probable diagnosis.

Response: Thank you is reviewing teacher valuable Suggestions, we have amend the keywords. Since we had previously encountered similar rare cases at the same time and detailed the diagnostic pattern of pancreatic cancer imaging in our article (DOI: 10.1186/s12957-022-02797-7), we ruled out the possibility of pancreatic cancer at that time, which we expressed in the imaging section of the discussion.

Please give also information about the pancreatic duct. Was it dilated?
Discussion: please describe the relation of the tumor to the duct and how this can be helpful in the differentia diagnosis.

Response: In this case, the pancreatic mass is not directly related to the pancreatic duct, and I think the differential diagnosis between the pancreatic mass and the pancreatic duct is unnecessary. After reviewing relevant literature, it is found that there is no direct relationship between pancreatic cancer and pancreatic duct. I wonder if your opinion is similar to mine. Therefore, I did not add the differential diagnosis between pancreatic tumor and pancreatic duct in this paper.

Figure 1 Dimensions given do no match what is written in the text. Please correct this discrepancy.

Response: In Figure 1, Figure A shows the arterial stage pancreatic tumor, so we do not see the tumor edge enhancement. Figure B shows the manifestations of venous pancreatic tumors, which can be found to have edge enhancement. This does not

match the imaging findings of pancreatic cancer (Pancreatic cancer CT often shows localized masses with low or low mixed density, lack of blood supply, dilation of the pancreatic duct, and adjacent vascular invasion).

Figure 2: arrows point to two different solid lesions. Please explain if there were two lesions.

Response: Dear reviewer, Figure 2 in this paper shows the picture of local incision of postoperative tumor specimen, so I use two arrows to point out. More scholars can see the shape of the picture after tumor incision, so as to facilitate the discussion and reference of scholars in the later period.

Thank you for your valuable suggestion. We agree with the reviewer that new hemostatic materials have been developed from polysaccharides, peptides and proteins, and the high hemostatic efficacy of the new materials is because of the interplaying of various hemostatic mechanisms. We have revised accordingly in the manuscript:

Abstract: With the development of technology, novel hemostatic materials have been developed from polysaccharides (chitosan, hyaluronic acid, alginate, cellulose, cyclodextrins, starch, dextran, and carrageenan), peptides (self-assembling peptides) and proteins (silk fibroin, collagen, gelatin, keratin, and thrombin). These new materials exhibit high hemostatic efficacy due to the enhancement or interaction of various hemostatic mechanisms.

Section 2.2: All the mechanisms may interact to form a thrombus to stop bleeding. For example, a sponge may absorb water while expanding to form a physical barrier.

Specific Comments to Authors:

2. Does the review article provide a good overview of the development of the field while providing insights on its future development?

Please list the historical developments of likely future scenarios that the author(s) should add or emphasize more. Please number each suggestion so that the author(s) can more easily respond.

Reviewer #1: Partially. To a large extent, this review is a kind of compilation of literature abstracts. In most cases, a whole paragraph is used to describe one literature. It lacks well organization and insightful thoughts.

Response: Thank you for the constructive suggestion. We have revised the manuscript, especially in Section 3 (Polysaccharide-based hemostatic materials) and Section 4 (Peptide- and protein-based hemostatic materials), by reorganizing the structure, adding some more important literature, and summarizing the relevant literature.

Comments to the Author

Reviewer #1:

1. In the ABSTRACT, the statement "the clinical and marketed hemostatic materials have low hemostatic efficacy and single function and cannot cope with severe bleeding ..." exaggerates the shortcomings of the current hemostatic products. please revise it.

Response: Thank you for the insightful comment. We have revised the statement in the Abstract: "However, the results and prognosis demonstrated by clinical means of hemostasis do not reach expectations."

2. p.5, one page of reference lists should be placed by mistake.

Response: We are sorry for the mistake. We have corrected it in the revised manuscript.

3. Fig. 2 is not the blood coagulation cascade reactions.

Response: We apologize for uploading the wrong figure. We have replaced it with the correct figure in the revised manuscript.

4. In sub-section 2.2, it should be pointed out that all mechanisms may interplay in the

formation of thrombus to stop bleeding.

Response: Thank you for your valuable suggestion. We have revised accordingly in the manuscript:

Section 2.2: All the mechanisms may interact to form a thrombus to stop bleeding. For example, a sponge may absorb water while expanding to form a physical barrier.

5. Grammar errors should be checked and corrected, like " all suggesting that" is incorrect.

Response: Thank you for your valuable suggestion. We have carefully checked throughout the manuscript and corrected the grammar errors.

6. Figures are wrongly ordered.

Response: We are sorry for the careless mistake. We have corrected the orders of the figures in the revised manuscript.