

Response to the reviewers

The reviewers' comments and their suggestions for improvement of the manuscript have been addressed in the revised manuscript. Below we provide a point-by-point response to the comments.

Reviewer #1:

1. Although the abbreviation of “SPTP” is a known one, other commonly used abbreviations as “SPEN”, “SPN” and “SPPN” are better to be mentioned.

Response: In the section of Introduction, we have mentioned these abbreviations.

2. Is there a role for Endoscopic Ultrasound (EUS) guided radiofrequency ablation for T1N0 tumors instead of conservative management and observation? Also does it have any role in tumor recurrence?

Response: We greatly appreciate this comment. “With advancements in interdisciplinary approaches, EUS-guided RFA (EUS-RFA) has emerged as a potential treatment option for pancreatic tumors. In a study by Choi et al.^[92], two patients with SPTP underwent EUS-RFA without experiencing any procedure-related adverse events, and one patient achieved a complete response. Coupier et al. subsequently reported on three SPTP patients who received EUS-RFA, and none of them experienced recurrence during a 2-year follow-up period. However, it should be noted that EUS-RFA is only suitable for individuals who are not eligible for surgical interventions, despite being less invasive. For T1N0 tumors, this treatment option can be discussed, but further data collection is necessary”, “Although not yet documented, EUS-RFA might prove to be effective for treating small recurrent metastases that are not amenable to surgical resection”. These sentences have been added in the revised edition.

3. EUS guided biopsy whether FNA, FNB or Trucut biopsies is now a cornerstone in the diagnosis of this neoplasm. Most of the tumors are of the solid or mixed type while the pure cystic type is the least common type, accounts for only 10-15% of tumors. So

targeting the solid part of the tumor by FNA or FNB is much more important than the analysis of the aspirated fluid which has a very low diagnostic accuracy. Also, FNB may be more helpful in diagnosis as it usually obtain more tissue for possible immune staining needed for diagnosis of the tumor and to exclude other tumors with different management as neuroendocrine tumors. This should be clearly stated in the manuscript. A recent multicentric article (mentioned below) published in April 2023 including 106 patients may be helpful. Role of endoscopic ultrasound in the characterization of solid pseudopapillary neoplasm of the pancreas. World J Gastrointest Endosc 2023; 15(4): 273-284. URL: <https://www.wjgnet.com/1948-5190/full/v15/i4/273.htm> DOI: <https://dx.doi.org/10.4253/wjge.v15.i4.273>

Response: Thanks for this recommendation. We have expanded the section on ‘Imaging techniques for detection and characterization’ to further highlight the diagnostic value of EUS-guided biopsy. Considering the predominant solid component in SPTP and the limited diagnostic accuracy of cyst fluid analysis, EUS-guided fine needle biopsy (EUS-FNB) can be a more valuable diagnostic tool. This method often provides a larger tissue sample for possible immunostaining needed for diagnosis and to exclude other tumors with different management such as pancreatic neuroendocrine tumor (PNET). A recent retrospective multi-center study showed an impressive preoperative diagnostic accuracy of 97.2% (103/106) for SPTP using EUS-guided biopsy.

4. Lastly, thanks for this well organized manuscript about this uncommon neoplasm.

Response: Thank you for your positive feedback on our manuscript. We are grateful for your acknowledgment of our efforts.