# ANSWERING REVIEWERS_

***Reviewed by 00503773***

I read the manuscript named “Survival analysis of pancreaticoduodenectomy with vascular reconstruction for patients with borderline resectable adenocarcinoma of the pancreas ” (ESPS Manuscript NO: 9239) and my recommendations are as follows; This manuscript is well written and documented.Topic has been discussed with all aspects.

Thank you for your comments.

There is a discordance between the number of patients and percentages on the Patients and Methods of manuscript. There is a typological error on the Surgical technique of manuscript (it is written Pancreaticoduodenuectomy (PJ), it should be Pancreaticojejunostomy (PJ) ).

Corrections have been made.

I think that this manuscript is suitable and worth to be published in World Journal of Gastroenterology after minor revision.

***Reviewed by 00504119***

To explain better the number of pancreatic fistula observed because they used several etiologies in the groups, put into the table 1 some complications observed

Thank you.
Additions have been made to Table 3.

***Reviewed by 02445056***

The paper is focused on an interesting topic. Anyway there are several point that should be improved.

1) The authors underline many time that pancreaticoduodenectomy, in particular associated with VR should be performed in high volume centers, but the number of patients enrolled in this study is not

expression of a big activity.

Yes, you are correct. But our center has a big volume of complicated HBP cases including live-donor liver transplantation. We have approximately 300 hepatectomies and 100 liver transplants per year. In Hong Kong, the Whipple operation is not a centralized operation. However, this study showed that pancreaticoduodenectomy with simultaneous vascular resection is a safe and effective treatment option; the rates of morbidity and pancreatic fistula are not inferior if it is performed at centers with expertise. The skills of complicated HBP surgeries can be applied to the Whipple operation with vascular resection.

2) Considering the small numbers of arterial resections performed, I think will be much more interesting to include only vein resection.

We included a couple of patients having arterial resection to reflect the complexity of the issue. This did not affect the outcome analysis. Moreover, information on arterial resection is still lacking in the literature.

3) The authors put together PDAC and other tumors type. This is not correct. Only PDAC patients should be included.

Only patients with PDAC were included.

4) The difference in intra operative blood loss and in operative time, reflects that the center have not a big experience in vascular resection. In mostly of the paper coming from high volume center for vascular resection, there are no differences comparing standard whipple with pancreatectomy associated with PV/SMV resection.

Yes. The Whipple operation is not a centralized operation in Hong Kong; it is performed at many hospitals. However, our center has a big volume of complicated HBP cases including live-donor liver transplantation. We have approximately 300 hepatectomies and 100 liver transplants per year. This study showed that pancreaticoduodenectomy with simultaneous vascular resection is a safe and effective treatment option. The rates of morbidity

and pancreatic fistula are not inferior if it is performed at centers with expertise. The skills of complicated HBP surgeries can be applied to the Whipple operation with vascular resection.

5) The use of the graft interposition for long vein involvment is not the only solution as suggested by the authors. With a Cattel Brash manouvre even very long segments of vein can be resected with a direct E-E anastomosis, saving time and reducing the risk of complications.

   Using the Cattel Brash maneuver can help in most situations. We have found it useful most of the time. But sometimes your need a graft, and we described in our paper the possibility of this need. The use of the Cattel Brash maneuver has been added to the Discussion.

6) The histology of the patients operated should be revised. The authors described even patients underwent VR for ampullary cancer. Considering the locaton of the ampullary cancer this is very hard to understand.

   Only pancreatic cancer was included in the article.

7) In the pathological examination the authors report the number of metastatic LN, but not the mean number of LN resected. This is an important information.

   Unfortunately, this is the limitation of a retrospective study. We have provided the most information out of the pathology reports. We have started using a standardized coding system for future operations.

8) In the text the authors speak about disease free survival for group 3 that, obviously, can't have a disease free survival.

   Correction has been made.