

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "*A novel prognostic score based on the preoperative Total Bilirubin-Albumin Ratio (TBAR) and Fibrinogen-Albumin Ratio (FAR) in ampullary adenocarcinoma*" (ID: 86664). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. **We highlighted the revised/added contents with yellow color in the revised manuscript.** The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

Response to comment: (Although score-2 group was an independent protective factor for overall survival (Table 3), score-high groups were not independent factors for recurrence-free survival (Supplementary Table 3). The authors should explain about this result.)

Response: Thanks for your suggestion. We explain this result as follows: **Score-high groups were independent factors for recurrence-free survival in the univariable survival analysis, whereas it was not in the multivariable analysis. Although there were some differences in RFS, these were not statistically significant. Furthermore, we conducted multivariable overall survival analysis, we found that only Score-2 group was an independent protective factor for OS. Such conflicting results might be related to several factors. Firstly, Patients with higher scores might be more likely to detect recurrence earlier and receive more aggressive treatment as a result. Consequently, this might not significantly affect the RFS but could emerge as an independent prognostic factor for OS. Second, the number of patients in the score-high groups is relatively small, it might be challenging to detect statistically significant differences in recurrence-free survival. Third, the**

inclusion of other prognostic factors in the model might have resulted in multicollinearity or confounding effects, which could attenuate the initial observed relationship between the score-high groups and RFS. These results emphasize the need for further research, potentially involving larger patient cohorts to comprehensively understand the underlying mechanisms and relationships between the scoring system and different survival outcomes.

Reviewer #2:

Response to comment: **(Lymph node metastasis is often a significant prognostic factor in periampullary malignancy, but this score overcomes it. I would like to use this score.)**

Response: We sincerely thank the reviewer for careful reading and encouragement to us.

Response to comment:

Response:

1、Uniform presentation was used for figures and we used language editing services provided by the biomedical editing companies to help polish our article as suggested by the editor.

2、We prepare and arrange the figures using PowerPoint, we submit a file named as "86664-Figures.ppt.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.

Sincerely yours,

Dongbing Zhao