

Dear Editor,

**Title:** Pancreatic T/histiocyte-rich large B-cell lymphoma: a case report and review of literature

**Authors:** Shu-Mei Zheng, De-Jiang Zhou, Yi-Hua Chen, Rui Jiang, Yun-Xia Wang, Yong Zhang, Hong-Li Xue, Hai-Qiong Wang, Dong Mou, Wei-Zheng Zeng

**Manuscript No:** 33978

Thank you so much for your E-mail. We really appreciate your advice on modifications that are valuable in improving the quality of our manuscript. The manuscript had been improved with mark according to the good comments of the three reviewers and the editor. Here are some explanations about changes in the manuscript.

Answers for the first reviewer, reviewer's code: 02844701.

The reviewer's comment is "Please add more on practical application of this report". We had added more on in both diagnosis and treatment of pancreatic lymphoma. For imaging diagnosis, percutaneous ultrasound, endoscopic ultrasound, CT, and magnetic resonance imaging are well-established procedures to evaluate pancreatic lesions. Positron emission tomography scan is generally helpful in the staging of lymphoma, particularly in differentiating malignant lesion from benign ones. For a definitive diagnosis, CT-, or EUS-guided FNA biopsy is the optimal approach. Moreover, a laparoscopy or laparotomy may be performed to conduct a biopsy of the pancreatic mass or lymph nodes when the FNA biopsy is nondiagnostic or inadequate. Flow cytometry is a valuable method for the diagnosis of PPL to individualize the appropriate therapy. For treatment, chemotherapy combined with radiotherapy may be useful for improvement of the median survival time.

Answers for the second reviewer, reviewer's code: 02916842.

1. The first comment is "The introduction is poor: please, describe other rare/uncommon manifestation of lymphoma". According to the comment, we described not only the primary sites most frequently affected but also the sporadic

manifestations of lymphomas including the tongue, the buccal floor, and the retromolar trigone.

2. The second comment is “In the Discussion, authors correctly described the differential diagnosis between this rare pancreatic lymphoma and other pancreatic ones; however, since this case report should be useful to clinicians and surgeons, also a differential diagnosis should be discussed with other abdominal pathologies that could mimicking the signs of this one”. We discussed the differential diagnosis between the pancreatic lymphoma and adenocarcinoma. We also described other pancreatic pathologies, such as acute or chronic pancreatitis, autoimmune diseases, and pancreatic tuberculosis. All these diseases, we think, may mimic pancreatic lymphoma in some cases.

3. The third comment is “Finally, it is correct the (brief) description of the different therapeutic approaches, however, it is important to briefly report also the most innovative researches on the oncological therapies”. We do enrich our knowledge by learning the recent research that the antioxidant and antitumor activity of the bioactive polyphenolic fraction isolated from the beer brewing process may be helpful for antitumor therapy, which throws a new light on treatment of lymphomas.

4. The last comment is “Minor checks: Please, check the language: some typos should be corrected in the text”. We had checked the language carefully and the typos had been corrected.

Answers for the third reviewer, reviewer’s code: 03002779.

Thank so much for the acceptance of our manuscript.

All the contents which had been revised were highlighted.

Best regards

Yours sincerely,

Shu-Mei Zheng, De-Jiang Zhou, Yi-Hua Chen, Rui Jiang, Yun-Xia Wang, Yong

Zhang, Hong-Li Xue, Hai-Qiong Wang, Dong Mou, Wei-Zheng Zeng