

Round 1

Responses to Reviewer

I very much appreciate what you've done for my manuscript and I'm very happy to receive your kind comments. The manuscript has been revised in consideration of your advice.

1. EUS-FNA is the preferred method for obtaining cytology in pancreatic solid or cystic tumors in plenty of guidelines (e.g., European Study Group on Cystic Tumours of the Pancreas. European evidence-based guidelines on pancreatic cystic neoplasms. *Gut*. 2018 May;67(5):789-804), especially when the patients in the current case report developed enlarged cysts during follow-up. Moreover, the ERP cytology approach adopted by the authors may have a devastating effect on duodenal papillary sphincter function, which is not recommended for diagnostic purposes of such pancreatic lesions.

Response: Thank you for your suggestion. In Japan, EUS-FNA for PCN is not preferred. Thus, we discussed this problem using your kind advice in the discussion section.

2. Regrettably, the present case does not show any significant difference from previous PanIN cases in terms of the characteristics of the lesion itself and the way of diagnosis or treatment, and it lacks the novelty it should have.

Response: Thank you for pointing this out. As you say, our case was not very notable. With consideration, however, the MRCP findings at a first visit to our institute (long distance MPD stricture and no dilatation of caudal MPD) was relatively rare. We believe that this MRCP finding is important to recognize as a trigger to do further examination or course observation.

3. In the discussion of this manuscript, the authors did not mention any significant role of EUS or EUS-FNA/FNB in diagnosing suspected pancreatic lesions with pancreatic cysts, which may mislead readers in the relevant field and does not conform to the recommendations of current guidelines.

Response: Thank you for your suggestion. We added the importance of EUS-FNA in diagnosing suspected PCN in the discussion section.

4. There are some defects in Figure 2, including that the Color Doppler

function has not been displayed in the EUS figure, follow-up EUS images of enlarged cysts are missing, and EUS did not show the connection between pancreatic cysts and main or branch pancreatic ducts, which was disappointingly unqualified. Although it may disappoint the authors, it is hoped that the above comments will be helpful to the authors' follow-up research.

Response: Thank you for your suggestion. Unfortunately, we did not perform EUS using the Color Doppler function.

Also, we could not describe the connection between MPD and the cyst in any examination modalities.

As to your suggestion, we added follow-up EUS images in Figure 6 (new Figure) and added the following sentences in the manuscript.

“In EUS, the cyst was described as like a solid mass (Figure 6A), but contrast-enhanced EUS using Sonazoid showed the mass as a round cystic lesion (Figure 6B). In CT, MRCP, and EUS, we could not find the connection between MPD and the cyst.”

Round 2

Dear Reviewer:

I very much appreciate what you've done for my manuscript and I'm very happy to receive your kind comments.

Thanks for the author's reply and revision. However, please note that many English expressions in the current manuscript still need to be polished. Agree to publish the manuscript after the above modification.

Response: Regarding the English in our manuscript. The manuscript was edited by the Enago English Editing Service, which is a trusted company in Japan. We received a CERTIFICATE OF EDITING and uploaded it to the submission site. Subsequently, we also rechecked our manuscript.

Accordingly, we hope that the manuscript can be accepted.

Best regards,

Atsushi Yamaguchi