

Aug/17th/2022

World Journal of Clinical Cases

Dear Editorial Office Director,

We are most grateful to you and the reviewers for the helpful comments on the original version of our manuscript entitled **“Favorable response after radiation therapy for intraductal papillary mucinous neoplasms manifesting as acute recurrent pancreatitis: A case report”**.

We have considered the helpful comments from the reviewers, and the manuscript has been revised in response to these comments.

We have addressed all the comments by the reviewers. We hope that the explanations and revisions of our work are satisfactory.

We hope that, with these revisions, the manuscript is now acceptable for publication in *World Journal of Clinical Cases*, and we look forward to hearing from you soon.

Yours sincerely,

Ayaka Harigai on behalf of all authors

Department of Radiation Oncology, Tohoku University Graduate School of Medicine,
Sendai 9808574, Japan. ayaka.harigai.e6@tohoku.ac.jp

Responses to the Reviewers' Comments.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Very nice work, and promising result

[Response] We are grateful to Reviewer 1 for this comment.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The present study is a case report of a radiation therapy conducted for IPMN with ARN. The case report is novel. The English used is good. The ideas are clear and well-organized. I think this work is highly important because it proposes a solution for patients with IPMN with a high risk of malignancy and cannot be operated for their comorbidities. However, I have some minor concerns:

#1- The hepatic enzymes should be noted.

[Response to the minor concerns #1]

The paragraph regarding laboratory examinations has been revised to clarify that laboratory tests indicated that complete blood count, C-reactive protein, liver enzymes, and pancreatic enzymes, were within the normal range.

#2- There was no jaundice? This negative sign should be mentioned in all patients having pancreatic tumors.

[Response to the minor concerns #2]

The paragraph regarding physical examinations has been revised to clarify that the patient did not represent any signs and symptoms including jaundice.

#3- The common bile duct was not dilated? This should be mentioned in the main text.

[Response to the minor concerns #3]

The paragraph regarding imaging examinations has been revised to clarify that the common bile duct was not dilated on MRCP performed before initiating radiation therapy.

#4- Echo-endoscopy with biopsies and percutaneous biopsies were not considered to confirm the malignancy of the tumor? Knowing that an IPMN with ARP and dilatation of the main pancreatic duct is highly suggestive of malignancy, chemotherapy associated with radiation would have been considered to ensure better control of the disease. This should be developed in the Discussion section.

[Response to the minor concerns #4]

We deeply appreciate the Reviewer#2 making this useful comment and suggestion. As the Reviewer#2 mentioned in the comment, ARP and dilatation of main pancreatic duct seen in patient with IPMN indicates the high possibility of malignancy. When the patient underwent endoscopic pancreatic ductal balloon dilatation several times, the pancreatic juice samples were submitted to the pathological analysis, showing no cytological malignancy. This critical information for considering treatment options was added to the paragraph of "History of Present Illness". In addition, the "Discussion" section has been revised to clarify that although chemoradiotherapy might have a better tumor control, it was not selected considering the negative cytological malignancy of the pancreatic juice, age, and comorbidities of the patient.