

We are pleased to address our revisions of our manuscript entitled “Gemcitabine-induced vascular acrosyndrome and prolonged response in a patient with metastatic pancreatic adenocarcinoma” written by Moinard-Butot and colleagues. We followed recommendations and we respond to all reviewers comments. We are deeply grateful for the comments of both reviewers that help us to increase the quality of our case report.

We confirm that this manuscript has not been published elsewhere and is not under consideration by another journal. All authors of this research article have approved this article.

Sincerely yours,

Fabien Moinard-Butot

Comments

Reviewer #1:

The case report provides a rare experience encountered as a side effect of gemcitabine when treating a PDAC patient. There are few cases reported in the literature and this may be an important addition to the field. The authors should mention: - Borderline adenocarcinoma of the pancreatic body. I recommend mentioning the type of surgery, and how was it previously staged. –

We replaced surgery by duodenopancreatectomy. TNM stage is specified.

Should explain why they did not consider neoadjuvant therapy as mentioned in the NCCN guidelines.

We noted “He underwent neoadjuvant chemotherapy by FOLFIRINOX (12 cycles) with stable disease”

Discussion section: In the present study, we report a case of pancreatic adenocarcinoma in a patient presenting with vascular acrosyndrome that occurred during first-line antimetabolite chemotherapy. The phrase should be reformulated, as the authors report a case with vascular acrosyndrome in a PDAC patient treated with chemotherapy.

We modified this sentence : “In the present study, we report a case of **metastatic** pancreatic adenocarcinoma in a patient presenting with vascular acrosyndrome that occurred during first-line chemotherapy”

Reviewer #2:

interesting study. Will need minor language polishing.

We are deeply grateful for these comments.