Dear Editors and Reviewers,

First of all, thanks a lot for your comments and ideas which help us to improve the entire manuscript. Furthermore, this improvement offers the possibility to present a better manuscript for the scientific community.
We edited the manuscript as recommended and highlighted the changes with color. In the following steps we would like to answer and comment the revision:

Reviewer Name:	Anonymous
Review Date:	2020-07-07 11:57

In this manuscript, the authors reported a case with pancreatic acinar cell carcinoma that had serum lipase elevation. The authors insisted that the serum lipase level correlates with the clinical symptoms and progression of pancreatic acinar cell carcinoma.
Acinar cell carcinoma of the pancreas is a rare condition, and there are only a few reports that mention the correlations between serum lipase and disease progression. This manuscript is interesting and educational, however, there are some points to be added or fixed.

We have added and fixed the points as recommended. The changes are highlighted with color in the manuscript and the answers and comments are written in italics in this document.

Major:
The authors noted that the elevation of serum lipase which was seen before surgery was due to acinar cell carcinoma. However, there is a possibility that the serum lipase elevation is due to pancreatitis caused by the tumor located in the pancreas head. Tumors that locate in the pancreas head often cause pancreatitis. I would suggest the authors add the immunohistochemical staining for lipase to the patient's surgical specimen to support their opinion.

Thanks a lot for your helpful comments and ideas. This is a very important comment. Actually, pancreatitis can be detected in the tissue of resected pancreatic cancer specimens [1]. The risk of developing pancreatic cancer in

chronic pancreatitis patients is known [2]. Whereas, pancreatitis tissue in the patients with pancreatic acinar cell carcinoma seems to be rare following brief reviews of the literature [3].
We checked the patient's surgical specimen again. There were no signs of pancreatitis in the corresponding pancreas tissue where pancreatic acinar cell carcinoma was diagnosed. (page 6)
Furthermore, we checked the patient's postoperative CT scans again. Additionally, there were no typical signs of pancreatitis: pancreatic inflammation, peripancreatic fluid collection, fluid collections, retroperitoneal air or necrosis [4]. (page 6)

The authors focused on the serum lipase level, but they should also describe the transition of tumor marker levels such as CEA or CA19-9.

Once again, thanks a lot. The aspect of tumor markers play an important role in surgical oncology. Therefore, we included all the CEA an CA19-9 tumor marker levels to the manuscript: CEA 1.5 ng/ml and CA19-9 13.3 U/ml (first surgery), CEA 1.7 ng/ml and CA19-9 10.2 U/ml (6 months after primary surgery), CEA 1.7 ng/ml and CA19-9 9.9 U/ml (9 months after primary surgery). (Legend Fig. 5)
Finally, there was no relation between the serum lipase levels and the tumor marker levels of CEA and CA19-9. (page 7)

Minor:
In the discussion, the authors wrote that there were recurrence rates of up to 100% after curative surgery of non-metastasized acinar cell carcinoma. Is the rate of 100% true?
It seems that the paper they cited states that it is 72%.

Thanks a lot for this comment. We apologize for this error because as you already mentioned, Jimbo et al. stated that there are recurrence rates of up to 72% [5]. We corrected it in the manuscript accordingly. (page 8)

The authors should add arrows on Fig.1A and 2B.

We added the arrows as recommended.

There is no explanation for Fig.2D. They should add that to the figure legend.

Thanks a lot for this advice. We added the explanation for Fig. 2D: Portal venous phase, inconspicuous representation of pancreatojejunostomy (arrow) and residual pancreas, on the right the jejunal loop pulled up (*). (Legend Fig. 2)

It is better to add the authors' case to the table1.

We added our case to the table 1 in the manuscript. (Table 1)

The authors should write concrete numerical values of serum lipase on the table.

We wrote concrete numerical values of serum lipase on the table if it had been provided. Furthermore, we added the concrete numerical values of serum lipase from our case. (Table 1)

Also, the authors should describe the follow-up period and the outcome of the patients.

Thanks a lot for your comment. We improved the section "outcome and follow-up" in the manuscript. The follow-up period was 12 months because the patient has passed away as adjuvant chemotherapy couldn't be completed due to hemorrhage after stumbling. Therefore, this case present a spontaneous course of tumor suffering in metastasized pancreatic acinar cell carcinoma. (page 7)

2020-07-14 02:02 Jin-Lei Wang Science Editor

Issues raised: (1) Please provide the written consent to surgery, pathology and follow- up; and (2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. 6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

Dear Professor Wang,
Thanks a lot for your helpful comments We provided the written consent and

uploaded it as well. Furthermore, we provided the original pictures as proposed and arranged the figures using PowerPoint accordingly.
The required revision was performed and our answers and comments written in italics in this document and changes were highlighted in color in the edited manuscript.

Finally, thanks a lot for the possibility to improve our manuscript. We really enjoyed this chance and hope that the edited manuscript could be published in your important journal.

With kind regards,

The authors

References

1. Hackeng, W.M., et al., *Surgical and molecular pathology of pancreatic neoplasms.* Diagn Pathol, 2016. **11**(1): p. 47.
2. Cahen, D.L., et al., *Long-term outcomes of endoscopic vs surgical drainage of the pancreatic duct in patients with chronic pancreatitis.* Gastroenterology, 2011. **141**(5): p. 1690-5.
3. Al-Hader, A., et al., *Pancreatic acinar cell carcinoma: A review on molecular profiling of patient tumors.* World J Gastroenterol, 2017. **23**(45): p. 7945-7951.
4. Koo, B.C., A. Chinogureyi, and A.S. Shaw, *Imaging acute pancreatitis.* Br J Radiol, 2010. **83**(986): p. 104-12.
5. Jimbo, M., et al., *Neoadjuvant Chemotherapy and Appleby Procedure for Pancreatic Acinar Cell Carcinoma: A Case Report.* Case Rep Pancreat Cancer, 2016. **2**(1): p. 46-49.