Dear reviewers,

Thank you for inviting us to submit a revised draft of our manuscript. We also appreciate the time and effort you and each of the reviewers have dedicated to providing insightful feedback on ways to strengthen our paper. Thus, it is with great pleasure that we resubmit our article for further consideration. We have incorporated changes that reflect the detailed suggestions you have graciously provided. We also hope that our edits and the responses we provide below satisfactorily address all the issues and concerns you and the reviewers have noted.

Reviewer #1:
This is a educational case report of solid pseudopapillary neoplasm of pancreas (SPN). The authors had better concern about the following points. Major 1) This case report differs from typical patient in terms of sex, location and pancreatic duct dilatation. However, As you mention, there are numerous case reports about SPN with pancreatic duct dilation. Please emphasize the novelty of this case a little more.
→It is not typical of SPN in that it has no gender, localization, calcification, and pancreatic duct dilation. Although pancreatic duct dilation is by no means a very rare finding (occurs in 10% of SPNs in the head and body of the pancreas), there is no previous report discussing the cause of pancreatic duct dilation in SPNs. This is an interesting case in that it is a clinical course that suggests that growth rate may be involved as well as compression.

2) The authors initially suspected pancreatic cancer and performed EUS-FNA, but it is not uncommon for the result to be a different diagnosis. Your hypothesis that tumor growth speed causes pancreatic duct dilation is very interesting, though it remains a matter of speculation. The author should describe these discussion more logically using literatures.
→Previous reports indicate that pancreatic duct dilation has little to do with malignant findings and that compression is involved. This case also showed pathological pressure findings. However, if compression alone causes pancreatic duct dilation, increasing the size of the SPN will result in pancreatic duct dilation in all cases. Therefore, I think there are factors other than oppression, but they have not been mentioned in previous reports. This case was confirmed to be normal 5 years ago, suggesting that the growth rate may be involved.

Minor
1. Main text
(1) Did chief complaint about epigastric pain improve after surgery? Was the chief complaint

related to the SPN?
→Yes, it did.
(2) I think a term on the 4th page is a misspelling. “physical examinati” → “physical examination”
→Thank you for pointing out.
(3)Please show that how many millimeters the pancreatic duct was dilated.
→It was around 7 millimeters.
(4)It was probable that the author assumed pancreatic cancer, but did you consider pancreatic juice cytology by ERP?
→The risk of pancreatitis was considered. I also had obstructive jaundice and there was no need for ERC. EUS-FNA was selected because there is no risk of dissemination unlike body and tail lesions.

2. Table 1 Laboratory data
(1) It is not appropriate to describe in Japanese as a unit. Red blood cells 4.62 x 100 □ / μ l 3. Figure Overall, these figures are difficult to understand and fail to provide important information. There are no figure legends. The author did not mention which figure is which immunostaining. Please add on image scale.
→Thank you for pointing out. We added the figure legends and image scales.

Reviewer #2:
This is a good article discussing the occurrence of solid pseudopapillary neoplasm of the pancreas in a young male patient with MPD dilatation. Line 41 ..... pancreatic duct dilatation can occur in SPN regardless of malignancy ……. Could the authors please clarify what this statement means? It does appear the authors are implying that some SPNs are not malignant, and I notice this is a recurring theme in the paper. Rarely, SPNs of the pancreas may show infiltration of adjacent structures, lymphovascular invasion, perineural invasion or even distant metastases years after the resection of the primary tumour. As a result, WHO currently classifies all SPNs as low-grade malignant neoplasms.
→We changed the text of line 41 to “Main pancreatic duct dilation is usually a suspected finding of pancreatic cancer. However, pancreatic duct dilatation can occur in SPN depending on the location and growth speed. Therefore, SPN should be considered as one of the differential diagnoses of tumors with pancreatic duct dilatation, and pathological evaluation by EUS-FNA should be actively performed.”

Line 156 ....the highest level of differentiation is …. Can the authors clarify what they mean

by this statement?
→We changed the text of line 156 to “the most suspicious diagnosis is pancreatic cancer.”

Again, thank you for giving us the opportunity to strengthen our manuscript with your valuable comments and queries. We have worked hard to incorporate your feedback and hope that these revisions persuade you to accept our submission.

Sincerely,
Saki Nakashima