Editor in Chief and Deputy Editor-in-Chief, WJG

Dear Editor

Thank you very much for your kind comments. We hope that we have answered your comments and questions adequately and revised our paper. Words and sentences we changed are cleared by using red color.

Reviewer 1

Five cases of isolated intrapancreatic SC are presented in this paper.

Major comments

1. As isolated intrapancreatic IgG4-related SC is a rare phenomenon, key figures of all 5 cases should be presented.
   We added key figures of all 5 cases.

Minor comments

1.Case 1.

Neck portion of the MPD is unclear on ERP (Figure 2B).

We added a new figure as Figure 2B.

Thickening of the extrapancreatic bile duct is unclear on CT (Figure 2c)

We added a new figure as Figure 2E.

Inflammation appears to be detected in the pancrea near the duodenal wall. High power view of this field is necessary.

We added a new figure as Figure 2J

2. Case 2.
   Lower view of the pancreatic tissue adjacent to CBD is necessary.
   We added a new figure as Figure 3E.
3. Case 3 and 5.
   Key figures are necessary.
   We added key figures of Case 3 as Figure4 A-G and Case 5 as Figure6 A-F .

4. Case 4

   Number of IgG4-positive cells and IgG4/IgG should be described.

   We added the number of IgG4-positive cells and IgG4/IgG.

Transpapillary bile duct biopsy showed infiltration of lymphocytes and 23 IgG4-positive plasma cells/high power field. The ratio of IgG4/IgG-positive plasma cells was 43.5%.

Reviewer 2

In the manuscript, the authors described the clinical findings of 5 cases of isolated IgG4-SC, the manuscript is well written, and the cases are detailed introduced. The current manuscript enriches the knowledge of isolated IgG4-SC.

The following aspects may be also useful to know isolated IgG4-SC:

1. IgG4-SC cases often have AIP, and occasionally other organs may also be involved, such as salivary gland, lymph nodes and kidney. In isolated IgG4-SC cases, the pancreas is within normal size and without AIP, did the authors check whether the salivary gland, lymph nodes and kidney were normal?

   We checked OOI in all 5cases. Only case 5 was associated with IgG4-related sialadenitis and retroperitoneal fibrosis

2. Endoscopic ultrasound and conventional ultrasound are often important modalities to assess the billiary tree, such as the wall and diameter. Did the authors perform them? And what are the findings of this disease on (endoscopic) ultrasound? What is the value of (endoscopic) ultrasound?

   We described the usefulness of IDUS and EUS in case series.

   Bile duct wall thickening in lesions without luminal stenosis, which is typical of IgG4-SC, was detected by abdominal CT in all five cases, by EUS in two out of four cases and by IDUS in all three cases.

3. What is the key points to differentiate this disease from other biliary disease (diseases of the papilla of Vateri), such as papillomatosis of the biliary tree?

   We summarized the key points to differentiate this disease from other biliary disease and created a new table as table2.

4. Three cases underwent pancreaticoduodenectomy, one patient was treated with steroid therapy, and one patient was treated with endoscopic biliary drainage. Did the authors perform follow-up for these patients, what is the out-come of the treatment, did other

therapy was also performed, such as hormone therapy?

We added next sentences at the end of case series.
IgG4-SC has not reccured without steroid therapy after pancreaticoduodenectomy in Case 1,2 and 3. Case 4 has not reccured with streoid maintenance therapy. Case 5 died of other disease one year after the diagnosis.

５. Some other minor issues:

1. A table that summarize the key (comments) findings of isolated IgG4-SC may be helpful.
We created a new table as table2.

Characteristic features of Isolated intrapancreatic IgG4-related sclerosing cholangitis

- Isolated intrapancreatic IgG4-SC is rare among isolated IgG4-SC.
- Isolated intrapancreatic IgG4-SC is misdiagnosed as cholangiocarcinoma of intrapancreatic duct.
- Frequency of cases with higher serum IgG4 level is low in isolated intrapancreatic IgG4-SC cases.
- Bile duct wall thickening in lesions without luminal stenosis detected by abdominal CT, EUS and IDUS is useful finding in the diagnosis of isolated intrapancreatic IgG4-SC.

2.The full name of some abbreviations should be given at the first time occur in the text and abstract.

We checked again and corrected them.

3.The format of the manuscript should be checked, there are few places with two spaces or no space between words.

We checked again and corrected them.

Reviewer 3 Good

These authors reports 5 cases of intrapancreatic IgG4-SC cases. These are difficult to diagnose conditions, expecially when normal serum IgG4 levels remein normal. As a minor point, a linguistic editing is needed.

We have our manuscript edited by English native speaker.
We attached a certification.
Let us know, if it is needed again.