

Format for ANSWERING REVIEWERS

September 27, 2016

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 28867-review.doc).

Title: Evolution of branch-duct IPMN of the pancreas: a study with MRCP

Authors: Rossano Girometti, Riccardo Pravisani, Sergio Giuseppe Intini, Miriam Isola, Lorenzo Cereser, Andrea Risaliti, Chiara Zuiani

Name of Journal: *World Journal of Gastroenterology*

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We thank reviewers 03262253 and 02671773 for their positive comments. The revised manuscript incorporated suggestions of the editor and reviewers, as follows:

1 Text format has been updated according to each of the editor's specifications. In particular, we shortened the title as requested (change has been colored in red).

2 Revision has been made according to the suggestions of the reviewers.

(1) As suggested by reviewer 02671773, we corrected grammatical/spelling errors in the text, and made language polishing with the help of an English mother language colleague having the residency in our Institute of Radiology. She was now included in the acknowledgments. All changes incorporated in the re-submitted manuscript are colored in red. Of note, changes are limited to grammar, with no substantial modification of the content compared to the original version of the manuscript. We believe that English language is now suitable for publication.

(2) Reviewer 03262253.

- *The authors evaluated 72 patients and total of 343 cysts. Are there any cysts which had worrisome features and/or high risk stigmata ab initio. Or did the authors exclude these patients?*

We excluded patients presenting cysts with suspicious signs of malignancy, as we already emphasized at the end of the Introduction and Materials and Methods. In clinical practice, suspicious vs. non-suspicious cysts are addressed to follow-up with completely different goals, i.e. evaluation of response to therapy/occurrence of relapse after therapy vs. occurrence of alert findings/malignancy. We believe that, for practical purposes, patients with incidental suspicious cysts at the time of diagnosis should be regarded as a different population compared to the study target one, since the outcome of follow-up for the latter has been already achieved at presentation.

- *Minor points In MATERIALS AND METHODS section (Study population), I found it to be difficult to understand. This is following 'Excluded were fifty subjects showing, ~~, bd-IPMN- or mixed-IPMN-like lesions with suspicious signs ab initio.,*

We thank the reviewer for the observations, which permitted us to rephrase the sentence as follows:
"We excluded from the study fifty subjects showing the following conditions: recent onset or worsening of

diabetes mellitus, cysts with no definite communication with the MPD and/or showing MRCP appearance typical for other cysts type (e.g., mucinous cystic neoplasm), signs of chronic pancreatitis and, more importantly, patients showing incidental bd-IPMN- or mixed-IPMN-like lesions with high risk stigmata and/or worrisome features (see below) at baseline examination (for which further diagnostic steps rather than imaging follow-up were required)." We hope this change (highlighted in blue in the text) can clarify exclusion criteria.

Thank you again for considering our manuscript for the publication on the *World Journal of Gastroenterology*.

Sincerely yours,

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