

We thank the Editor and the Reviewer for their interesting observations and constructive comments. In the following, we report our answers (in bold face) to specific comments. On their basis we have amended the manuscript using changes track. We are confident that now the manuscript will encounter their satisfaction.

REVIEWER 1

I have read with interest this paper. It is very complete, well written and above all well designed. My only suggestion is to summarize the method, maybe using supplementary material to describe the very technical particularities, so in the text can remain the most important points only. In the present form it appears a bit dispersive, but the take-home messages appear of importance.

According to reviewer comment we delete some parts of the manuscript (technical particularities) referring to previous publication and we inserted the parameters details of MR protocol in added Table 1.

REVIEWER 2

This paper report a single center experience of Imaging assessment of locally advanced pancreatic cancer treated with electrochemotherapy. The topic is interesting, the weakness of the manuscript is limited by the small number of patients and heterogeneous data since not all patients underwent the same radiologic examinations. Authors should clarify why some patients did not undergo PET or contrast-enhanced PET/CT that is probably the most important method to assess radiologic and metabolic evaluation of treatment response and prognosis.

According to reviewer comment, we inserted in the results section the reason of PET study absence for some patients as follows:

In 4 patients the patient clinical conditions did not allow to perform 18F-FDG PET/CT study in the range that would make the data comparable, before and after treatment; in

other 4 patients the PET study was performed in a different hospital with low quality of the images.

Moreover, the limit about the heterogeneous data (small number of patients and absence for each patients of same radiologic examinations) is present in the discussion section as follows:

The major limitations of this study are the small number of patients evaluated and the availability for all patients of the same diagnostic techniques, to compare all results obtained and to validate the potential, in term of efficacy, of functional parameters, to discriminate responder by not responder patients after ECT with PET, CT and MR study.