

October 7, 2021

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Andrzej S Tarnawski, DSc, MD, PhD
Lian-Sheng Ma, Editorial Office Director, Company Editor-in-Chief
World Journal of Gastroenterology

Dear Editors:

We would like to thank the reviewers and editors for their valuable comments and questions regarding our manuscript entitled “**Treatment strategy for pancreatic head cancer with celiac axis stenosis recanalized by preoperative endovascular stenting: a case report.**” Your kind words have greatly encourage us. The manuscript ID is 71177, Case Report.

We wish to re-submit our manuscript and sincerely hope that it will be published in the *World Journal of Gastroenterology*.

Please find our point-by-point response below.

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is a very good manuscript, which is well, concisely and coherently organized and presented. Preoperative endovascular stenting, with NAC and DAPT, is indeed effective and safe prior to PD in potentially resectable pancreatic cancer. It would be better if the authors introduce the easy and non-invasive imaging procedure of Color Doppler Flow Imaging Ultrasound for imaging diagnosis of CAS and MALS, due to compression by MAL.

Our Reply:

Thank you for providing this valuable feedback.

The definitive diagnosis of blood flow disturbance by MAL compression can only be made intraoperatively. Also, color doppler ultrasound is indeed useful, as per the reviewer’s comment, because it is easy and non-invasive. In our revised version, we have added this point to our discussion (Page 11, lines 8–11 of 71177_Auto_Edited.docx). We have also polished the language. We thank the reviewer sincerely for this suggestion.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: This article represented a very good choice of management for a complicated co-morbid of pancreatic head cancer, which could lead to the failure in treatment, because endovascular interventional technology is nowadays very developed. However, aortography and stenting is still a high-tech and difficult-to-achieved intervention, especially in developing country. So, I want to ask you whether there are any predicted factors to failure of MAL division preoperatively? So that, we can choose an suitable treatment for a particular case.

Our Reply:

Thank you for these wonderful suggestions, which have greatly improved our manuscript. According to previous reports, stenosis rate, length of stenosis, and distance between the stenosis and the aorta may be predicted factors to failure of MAL division preoperatively. In our revised manuscript, we added this to our discussion (Page 9, line 25 - Page 10, line 2 of 71177_Auto_Edited.docx). Thanks again for your efforts.

(1) Science editor:

The reviewers report that the manuscript is interesting, well-written, and worthy of publication. All requirements are met.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

Our Reply:

Thank you for taking the time to review our paper. We have polished the language, and believe that it is now of a sufficient grade for publication. We hope that this manuscript is satisfactory.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

Our Reply:

Thank you for these favorable comments. We wish to re-submit a revised version of our manuscript.

*According to the guidelines provided: "It is unacceptable to have more than 3 references from the same journal." Thus, we have deleted one of the citations "**II Wente MN et al. Delayed gastric emptying (DGE) after pancreatic surgery: a suggested definition by the International Study Group of Pancreatic Surgery (ISGPS). Surgery 2007; 142: 761-768,**" since "delayed gastric emptying" is a relatively common surgical morbidity after PD. We have also ensured that we have consistently defined all abbreviations throughout the manuscript. Thanks again for your efforts.*

There is one more matter that I would like to confirm.

You sent an email regarding "Notification on Copyright License Agreement (CLA)" and "Notification on manuscript revision" to all the co-authors. But we found out that a few of them did not receive it.

I have contacted your helpdesk; however, I have not received any reply to my email.

As a result, several co-authors were unable to access the URL in the email to click the "accept" button.

In order to re-submit the article, I was informed that a signed CLA is required, so we prepared and uploaded a signed CLA referring to the previous report in your journal.

If you need a click on CLA, we would like you to resend the email and URL to those who could not receive it. We will respond immediately.

The following two authors have not received any mail from you.

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Since they couldn't receive any mail at their 1st e-mail address, we would appreciate it if you could send it to their 2nd address as well.

I apologize for the inconvenience this has caused you.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

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