

## **Answering to reviewer's comments**

### **Reviewer 1**

This is a good case report, but there are some errors in expression, logic and grammar.

The distal cholangiocarcinoma complicated with the celiac axis occlusion can easily lead to upper abdominal organ ischemia or failure if PD is directly treated. Moreover, the celiac axis occlusion is not suitable for revascularization or interventional vasotomy. Therefore, transcatheter coil embolization of IPDA (pancreatic head arterial arch) to increase blood flow through DPA to RHA and SPA is a good treatment plan to avoid ischemic or failure of upper abdominal organs. CT found extrahepatic bile duct wall thickening, lumen stenosis and upstream bile duct dilation, which was suspected as cholangitis or distal cholangiocarcinoma. At the same time, the patient also had a celiac artery (CeA) occlusion due to atherosclerosis.

***C: MRCP can't show thickening of the bile duct wall, but can only indicate stricture or dilation of the bile duct. CT or MRI cross-section can show thickening of the bile duct wall. 2. The latest international standards are recommended for the staging of cholangiocarcinoma. 3. In Figure 1 and Figure 4, it is suggested to mark the thickened bile duct wall with arrows so that readers can easily find the lesion location.***

A: The expressions in case 1 were corrected, the patients underwent firstly a CT scan and then a magnetic resonance cholangiopancreatography that showed a stricture of the extrahepatic bile duct wall and mild dilatation of the intrahepatic bile duct. (Page 3, line 8)

The stage of cholangiocarcinoma was corrected using the American Joint Committee on Cancer (AJCC) 8th edition classification. (Page 3, line 12 and page 4, line 9)

In figure 1 and figure 4 arrow and circle has been used to identify the bile duct wall thickening and stricture of common bile duct (fig.1, page 11) and stenosis of distal common hepatic duct (fig.4, page 13)

### **Reviewer 2**

***C: What is the absolute and relative contraindication of this procedure (transcatheter coil embolization of the arterial arcades of the pancreatic head)?***

A: In our opinion, before performing the embolization, we should identify the collateral vessels which will be preserved during and after the operation. Therefore, the patients whose blood flow to the liver totally depends on the arcades of pancreatic heads are contraindicated for this procedure.

***C: What is the best timing for post-procedural CT and angiography to confirm the development of new blood flow?***

A: In a recent paper by Takeuchi et al. (<https://doi.org/10.1186/s40792-022-01403-y>) is presented a case series of preoperative embolization for the combined resection of replaced right hepatic artery in pancreaticoduodenectomy, in these case series are described preoperative arterial embolization and the evaluation of development of collateral artery was evaluated 3 to 5 days after the procedures. In a cohort study by Marichez et al. (<https://doi.org/10.1016/j.hpb.2021.04.003>) is analyzed the postoperative morbidity and R0 resection in case of embolization of a replaced right hepatic artery before pancreaticoduodenectomy, in this case a CT scan was managed 7 days after embolization to confirm the effectiveness of the procedure.

Despite this we think that the most important timing and modality for the evaluation of new blood flow are angiographies just after the embolization of the vessels, the reason is we can directly identify the direction of the blood flow after the modification. In the present case we performed the pancreaticoduodenectomy 10 days after the coil embolization and managed firstly angiographic studios right after the procedure and a CT scan 72 hours after as a part of our usual preoperative evaluation, both of the procedures confirmed the development of blood flow.

***C: 3. The similarity rate is 19% after checking with the Turnitin system. Please lower the rate.***

A: We reviewed totally the paper based on this comments, according to the tools at our disposal this issue should be resolved. We hope it will be enough for your publishing policy.