Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "**Analysis of Textbook Outcomes for Ampullary Carcinoma Patients Following Pancreaticoduodenectomy**" (ID: 86856). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. We **highlighted the revised/added contents with yellow color in the revised manuscript**. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

Response to comment: (**It is firmly documented that ampullary carcinoma have distinctly better long-term survival than patients with pancreatic adenocarcinoma.   This strongly depends on lymphatic and vessel involvement. and also preoperative an elevated CA 19-9 can be a significant prognostic factor. The authors have produced good results and need to be encouraged to continue such a study for further indicators which will have implication on the long term survival.   This may include the histological origin and also type of tumor and mucin secretion.   The statstical work needs to be seen by an expert and also there is some under result section which needs to be place uner material methods.**)

   Response: Thank you very much for your encouragement, we will pay attention to it in our future studies, because the information describing the origin of the tissue is not available in our hospital pathology, so we cannot analyze the relationship between the origin of the tissue and survival. Also we were guided by a statistician for our study, and we put "We divided the patients into two groups by the year of surgery before and after 2010 to see the TO rate trend." under material methods.) thank you very much for your comments!

Reviewer #2:

Response to comment: (**In the discussion there is a mention about this being the largest number of AC, which I think is incorrect and authors might want to do a literature search and correct the statement. The text outcome is a new bench mark for analysis of outcomes which not only includes the oncological outcomes but it also takes into consideration the morbidities. The complications could have been elaborated in the results. The discussion could mention about the other prognostic scores and markers which have already been studied and published in the past. This could bring the right perspective of the TO in the assessment of the outcome of AC. The references could include more of those studies also there are too many references on the other diagnosis and TO, instead the relevant ones could be mentioned.**)

Response: We sincerely thank the reviewer for careful reading and encouragement to us. We delete the sentence: ~~represents the largest single-centre cohort of AC patients~~. We originally wanted to express that this was the first and largest single-center go-to study of the relationship between textbook outcomes and AC, but considering that it could easily mislead readers, we removed this description. The small number of patients of AC and the even smaller number of patients categorized by complications may affect statistical accuracy and create statistical bias; therefore, the types of complications were not specified, and we grouped the complications into one category based on the previous literature. We mention the other prognostic scores in the introduction part as: "Sun et al {Sun, 2020 #30} found inflammatory index can be regarded as a more useful prognostic index".

Reviewer #3:

Response to comment: (**This is an interesting paper showing evaluation of TO after PD for ampullary carcinoma. Please analyze which of the TO factors affected the outcome.**)

Response: Thank you very much for your confirmation. By reviewing previous studies, we take the textbook outcome as an overall evaluation index, which is convenient for clinical management reference to predict the prognosis of patients. Therefore, each index is not analyzed separately, but as an overall variable.

Response to comment: (**To this end, authors are advised to apply a new tool, the**

RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords

entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: https://www.referencecitationanalysis.com/.)

Response: We sincerely appreciate the valuable comments. We prepare and arrange the figures using PowerPoint, we submit a file named as <mark>"86856-Figures.ppt.</mark> We used RCA as recommended, and enter the keywords and to find the latest highlight articles. We have checked the literature carefully and updated the references.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.

Sincerely yours,

Dongbing Zhao