

POINT-BY-POINT REPLY TO REVIEWERS COMMENT

I would like to thank the Editor for the opportunity to consider this paper and the Reviewers for their comments and suggestions that allowed improving the quality of the manuscript. The manuscript has been modified; changes have been highlighted in the updated version submitted for the review.

Please, find below a point-by-point reply to the comments of the Reviewers.

Reviewer #1

Comments to Authors:

1. Please describe the efficacy of neoadjuvant and adjuvant chemotherapy for resectable pancreatic cancer separately from the efficacy of neoadjuvant and adjuvant chemotherapy for borderline resectable pancreatic cancer.
2. Please describe treatment guidelines based on the latest findings. Also, the authors should check the references. For example, reference 22 on page 4 is not a report on FOLFIRINOX.

Reply: I thank the Reviewer for Her/His comment. Therapies for resectable and borderline resectable PDACs have been separated. Changes have been highlighted in the revised manuscript. References have been checked and revised according to the suggestion and to the changes.

Reviewer #2

Comments to Authors: The purpose of this editorial was to provide an update on the management of pancreatic cancer. The authors summarized the different aspects of current multimodal therapies for pancreatic cancer and the increasingly urgent need for tools to be used for early diagnosis of the disease. In addition, this editorial provides some perspectives on clinical diagnosis, prevention, and translational medicine for pancreatic cancer. There are a few things worth noting: Abstract : the meaning of the third paragraph and the first sentence of the fourth paragraph are similar, so please merge and concise them appropriately. Introduction: The authors need to add a summary sentence at the end to elaborate the purpose of this study. Early detection and advances in clinical diagnosis: OK Treatment Guidelines. Standards and Challenges: In this part, the authors mainly

summarized the current common treatments for pancreatic cancer, including surgery, radiotherapy, and neoadjuvant therapy. The authors also mentioned that the evaluation of efficacy regarding the therapeutic tools was crucial for the management of pancreatic cancer. It is recommended that the authors add appropriate information about the current status of efficacy evaluation (tumor response) of pancreatic cancer treatment.

Reply: I thank the Reviewer for Her/His comment. Abstract and Introduction have been modified according to the Reviewer's comment. Manuscript have been implemented in the section Treatment Guidelines. Standards and Challenges.

All the changes have been highlighted in the revised manuscript.

Reviewer #3:

Specific Comments to Authors: This paper is insufficient for an editorial of pancreatic cancer. It is necessary to explain more deeply about recent diagnosis and treatment.

Reply: I thank the Reviewer for Her/His comment. The manuscript has been implemented and deeper information added. All the changes have been highlighted in the revised manuscript.

Reviewer #4:

Specific Comments to Authors: The author explained the state-of-the-art technology for pancreatic cancer management well. One limitation of this manuscript is that it is a little narrow. author only dealt with early resection, surgical treatment, and adjuvant chemotherapy. I recommend adding a discussion on translation research to the present.

Reply: I thank the Reviewer for Her/His comment. The manuscript has been implemented, a discussion section and data regarding latest findings in the field of translational research have been reported. All the changes have been highlighted in the revised manuscript.

Re-reviewer:

Specific Comments to Authors: All my comments have been addressed. No further comments.

Reply: I thank the Reviewer for Her/His comment.

