REVIEWER Number ID 05688164

My overall opinion is to publish this paper after the authors have carefully considered my suggestions below, in particular reshaping parts of the introduction and conclusion sections by adding more evidence. Please consider the following comments:

1. Abstract: Please expand the abstract with 200 words, proportionally presenting the background, the objectives, the short summary, and the conclusion. The background should contain the general, detailed, and the current issue addressed to this minireview. The conclusion should state the potential and the advance this minireview has provided in the fields.

Response: The abstract has been expanded to 200 words as requested, including the background, objectives, short summary, and conclusion.

2. Keywords: Please list the keywords in a way that the first two sentence of the abstract use as many keywords as possible.

Response: This has been done. They all now appear in the first two sentences of the abstract.

3. Core tips: Please expand this section to 100 words, describing content of this manuscript and highlighting the most innovative and important findings and/or arguments.

Response: This section has been expanded to 100 words, describing the content of the manuscript and highlighting the findings of greatest interest.

4. Introduction: As suggested before, I strongly recommend to the authors using more evidence to back their claims, especially in the introduction of this manuscript. So, I recommend in this section fully expand the background to be written in the abstract, clarifying the general background on autoimmune pancreatitis and pancreatic ductal adenocarcinoma, detailed background relevant to their biomarkers, and the current issues addressed to the issues including differential biomarkers and the authors believe to be solved, leading to the objectives. Also, I recommend shortly summarizing a sequence of the following sections.

Response: The Introduction section has been expanded as recommended.

5. Titles of sections: Please avoid using the abbreviation in the section titles.

Response: Abbreviations have been eliminated in section titles.

6. Tables: I recommend summarizing the contents of some sections in the tables.

Response: The contents of sections in the table have been summarized.

7. In my opinion, I think the conclusions paragraph would benefit from some thoughtful as well as in-depth considerations by the authors. As it stands, it is very descriptive but not enough theoretical as a discussion should be. The authors should make their effort to present the take-home message as experts, explaining the theoretical implication as well as the translational application of their research.

Response: The conclusions section has been rewritten accordingly, expressing our expert viewpoint and considering the theoretical implications and translational application of the research.

REVIEWER Number ID 06400357

1. Whether the author has fully referred to Klaus Felix et al.'s research when elaborating autoantibodies. This research describes the autoantibody spectrum of AIP and PDAC. If not, we think it is necessary to join this research for discussion.

Response: The research by Klaus Felix et al. has been included in the Antibodies section of the manuscript (page 10).

2. As mentioned above, did the author fully refer to the research of Sahar Ghassem Zadeh et al. when elaborating the cytokine spectrum?

Response: The paper by Sahar Ghassem Zadeh et al. is now cited in the Chemokines and Cytokines section of the manuscript (page 11)

3. The discussion part is a little brief, and I hope the author can give the author's opinion on how to combine serum markers or clinical symptoms, and radiology to increase the discrimination between AIP and PDAC. So as to improve the scientificity and practicability of this study.

Response: The discussion section has been expanded to express our view on the combination of serum markers with clinical symptoms and/or radiology findings to improve results (pages 11 and 12).

Next, the authors should focus on the extent of validation conclusions, that is, whether combining serum markers can improve the ability to differentiate between AIP and PDAC. This can ultimately guide clinical application.

Response: The revised discussion now explicitly addresses this question on the combination of serum markers in a panel for differentiating between AIP and PDAC (pages 12 and 13).