Reviewer 1: Can you adjunct in the abstract section a short discussion, because you can go on till 250 words. Because in the IMRAD criteria introduced by L. Pasteur, an abstract must contain a discussion. The retrospective character of the study must be mentioned at the end of the discussion as a limit of this study.

Answer: Thank you very much for all your valuable comments and suggestions. I tried to revise my article in line with your suggestions. I added a discussion part in abstract section. I mentioned about limitation of our study at the discussion part.

Reviewer 2: 1.Pancreatic, periampullary/ampullary and choledochal adenocarcinomas are aggressive malignancies with recurrences and metastases in short time and complete resection is possible in a small group. So, targeted therapy agents are needed in these patients. HHLA2, an analogous of PD-1, is a recently discovered member of the B7/CD28 family and is expressed in many malignancies. Evaluation of HHLA2 expression in microsatellite stabile (MSS) and PD-L1 negative tumors may be useful in predicting the possible response of individuals to immunotherapy and may take its place as a target step in advanced cases that do not respond to classical chemotherapy protocols and have no chance of resection. 2.What is the relationship between expression MMR and HHLA2？ The relationship between PD-L1 and HHLA2 was not explained in the article.Is there a relationship between PD-L1 and HHLA2?Is HHLA more advantageous than PD-L1？

Answer: Thank you very much for all your valuable comments and suggestions. In our study we did not find any relationship between HHLA2 and MMR. We also did not detect a relationship between HHLA2 and PD-L1. We found that HHLA2 expression was correlated with age, pT, and the presence of PNI irrespective of other immunophenotypic features. HHLA2 may be a useful biomarker predicting response to immunotherapy in patients with low PD-L1 expression or MSS. I also mentioned it to the article based on your suggestions.