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Response to reviewers' comments

Reviewer 00043819

1. Is preoperative biopsy of pancreatic metastasis necessary? Radiological appearance and history of renal cell cancer may be sufficient to make a diagnosis.

An explanation for out unit's practice is has been added in the Discussion section of the manuscript: "Due to the rare nature of RCC metastasis to the pancreas all cases were confirmed with EUS-FNA. The need for tissue diagnosis was further supported by the fact that in 6 out of 7 of our patients the pancreatic metastasis was the first and only sign of metastatic disease"

2. There is a high rate of recurrence after resection for pancreatic metastases. Why? Is there a place for adjuvant therapy?

Liver and pancreatic metastases certainly indicate systemic disease. However, the “Data on the role of systemic therapy in combination with operative management in a neoadjuvant and/or adjuvant setting are scarce and limited to case series”. This has been added in Discussion section of the manuscript.

Reviewer 03505493

1. Karnofsky status of the patients and importance of the performance status of a metastatic patient before speaking of surgery

This has been added in the Discussion section of the manuscript: "Similarly, patients with significant medical history and/or poor performance status, that would not tolerate a major resection, should be considered for non-surgical management. In our cohort, all patients had Karnofsky performance score 80-100 and were deemed fit for major surgery after clinical and laboratory assessment by the multidisciplinary team. "

2. Importance of immunohistochemistry in diagnosis

The value of immunohistochemistry in the diagnosis was added in the Discussion section of the manuscript: "The use of immunohistochemistry (for cytokeratin, vimentin, CD10, synaptophysin, CK7, CK20 and CA19) in addition to the standard histopathological stains can be useful in facilitating the diagnosis and is strongly advisable [18,19]."

3. Importance of multidisciplinary team

The management of these patients in a multidisciplinary way is mentioned in the Methods section of the manuscript. "All patients with suspected RCC metastatic disease to the liver or pancreas were managed by the hepatopancreatobiliary multidisciplinary team"

4. Data about neoadjuvant chemotherapy or radiotherapy

"Data on the role of systemic therapy in combination with operative management in a neoadjuvant and/or adjuvant setting are scarce and limited to case series". This has been added in Discussion section of the manuscript.

5. Discuss issue of quality of life

This has been added in the Discussion section of the manuscript: " Patients with disseminated or quickly progressing disease are not considered good surgical candidates for liver or pancreas metastasectomies, as this may substantially impact their quality of life without adding any survival benefit. Similarly, patients with significant

medical history and/or poor performance status, that would not tolerate a major resection, should be considered for non-surgical management. In our cohort, all patients had Karnofsky performance score 80-100 and were deemed fit for major surgery after clinical and laboratory assessment by the multidisciplinary team"