Dear Editors,

Thank you for reviewing our manuscript and for the reviewers' comments concerning our manuscript entitled "Nanomaterials: applications in the diagnosis and treatment of pancreatic cancer" (Manuscript NO.: 53823). All the comments were valuable and very helpful for revising and improving our paper. We have revised the manuscript according to the comments and suggestions. Please see the point by point responses to the comments as listed below.

Responses to Reviewer #1:

Response: Thanks for your useful advice. We have made relevant modifications and added a few examples of the nanomaterials that already used in clinical diagnostics, and comments about their clear advantages in the revised manuscript. And we also provided a table to sum the application of nanomaterials in pancreatic cancer.

Responses to Reviewer #2（Reviewer Comments to the Author）:

Major remarks

1.How far are these sensors from human use? Please highlight pros and cons for each of them.

Response: Thanks for your useful advice. Some of the nanomaterials have already used in clinical diagnostics, we also provided a table to sum the application of nanomaterials in pancreatic cancer.

2. It is difficult to envision the actual features and mode of use of these nanosensors. Please add drawings and/or figures as appropriate.

Response：We provided a table to sum the application of nanomaterials in pancreatic cancer.

3. What would be the costs for introducing these sensors into clinical use?

Response：We are sorry for that we only know part of the cost for these sensors and the detail costs have added into manuscript.

4. Emphatic expressions like "the king of cancer" should be avoided.

Response：Thank you for your suggestion and we have revised it.

5. How would these techniques cooperate or replace with the existing ones such as CT and

EUS?

Response： The clinically validated therapeutic and imaging NP products largely represent inefficiently targeted/non-targeted and relatively non-versatile systems, which only provide clinical benefit across a narrow range of therapeutic or imaging agents. So, at present, it can not replace CT and EUS.

6. In theory, would it be possible to screen all the patients with nanosensors or just high risk groups? Or maybe after EUS and/or CT diagnosis, in order to improve characterization and therapy?

Response： In theory, it is possible to screen high risk groups but the costs might be very high at the present stage. So the optimization of materials and technology will help to to screen all the patients with nanosensors in the future.

Minor remarks

A few references should be added....

Response： We have added related literature in our manuscript.

Responses to Reviewer #3:

Response: Thanks for your useful advice. We have made relevant modifications and the relevant words were specially revised in the manuscript.