Author’s response to reviews

Title: Retrospective analysis of seven cases of pancreatic mixed adenoneuroendocrine carcinoma from a high-volume center and review of the literature

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Author’s response to reviews:
Dear Editors,

Thank you very much for your reply and give us the chance of revision to improve the manuscript (BSUR-D-18-00577R2). We appreciated the editor's and the reviewers’ comments, and we believed that these comments would help us improve the quality of this work. The comments and suggestions would benefit us in better conducting a scientific study or preparing a manuscript.

We have carefully reviewed our manuscript again according to the comments raised by the reviewers and addressed all of the comments properly. Words, sentences and comments were also rephrased to improve readability and scientific clarity. Also, the point-to-point answers to the reviews' comments were listed below separately.

Thanks again for reviewing the manuscript and giving us so many important and helpful suggestions. We look forward to publishing the revised version of article in your journal.

Yours sincerely,

Dr. Meng-hua Dai
Point-to-point answers:

Riccardo Casadei (Reviewer 1): The authors reported their experience about pMANEC and reviewed the literature. They described the characteristics of pMANEC and compared pMANEC with PDAC. I have several comments: 1-Background have to be shorter. Explain what is pMANEC; the existing literature and the aim of the study;

Response: Thank you for your suggestion. We have simplified the Background section.

2-Method section is detailed. I suggest to include in this section also the additional file with the aim to obtain a more detailed method section.

Response: Thank you for the encouraging comments. We have moved the additional information into the Method section. (Line 85-94).

3-Definition. Tumor grading have to be revised considering WHO 2017.

Response: Thank you for your insightful comments. We have revised the definition according to the WHO 2017 Grading of Pancreatic Neuroendocrine Neoplasms and add the related reference (Line 111-115, Reference 4).

4-Results. How many preoperative biopsies allowed to do diagnosis of pMANEC? I suggest to remove table 3 and add in table 1, a line with the final/total results. I suggest to add a Figure of DSS (Kaplan-Meier curve) regarding the only parameter significant (LN metastasis). I suggest to reduce figure 1 and 2 to only a case. All these images are not useful.

Response: Thank you for your important suggestions. In this study, ten out of the 28 patients received endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) before surgeries, among which only three patients were confirmed pMANEC preoperatively. (Line 185-187) As suggested, we’ve integrated former table 3 and table 1. The former figure 1 and 2 are also integrated and simplified. Moreover, a Figure 2 has been newly added to show the DSS difference due to LN metastasis or not.

5-Discussion section is too long. Explain in a short way both the characteristics of the pMANEC and the differences with PDAC.

Response: Thank you for your insightful suggestion. We have cut the irrelevant part of Discussion section to improve the readability.

6-Conclusion clearly stated the characteristics of the pMANEC and their differences with PDAC.

Response: Thanks for the suggestion. We have revised the Conclusion to clearly express the findings drawn from the study. (Line 306-308)