

To the reviewers

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Dear Reviewers,

we thank you for your valuable comments and suggestions to improve our article for possible publication in WJG.

We addressed your remarks as follows:

Reviewer #1: Well written and informative case report. My recommendations.

1. Please give results of the clinical trials listed (NCT02948309, NCT00049608) especially NCT00049608 if available since this trial ended in 2013.

>>> Currently there are no results of the trial NCT02948309.

>>> The results of the trial NCT00049608 have been published in the article: Mansky PJ et al. NCCAM/NCI Phase 1 Study of Mistletoe Extract and Gemcitabine in Patients with Advanced Solid Tumors. Evidence-Based Complementary and Alternative Medicine. 2013. We included the following sentence about this in the discussion section of our article: "In a phase 1 study of VAE and Gemcitabine in patients with advanced solid tumors (including PC) it could be shown, that VAE did not affect the pharmacokinetics of Gemcitabine^[24]."

2. Correct reference number 22 and 26.

>>> We checked all references and corrected them (including 22 and 26).

Reviewer #2: This is a well-written case report about a patient with pancreatic cancer under adjunct treatment with viscum album extracts. The images are good. But, I have several concerns as follows:

1. It would be better if the authors provide radiological images preoperatively for the patient primary tumor.
>>> Radiologic MRI images of the tumor were added (Fig. 1 A-B).
2. The radiological and histopathological images of liver metastasis should also be provided.
*>>> We included radiologic images of the liver metastasis (Figure 1 B-C).
Unfortunately no biopsy was taken to histologically confirm the metastasis.*
3. The initial surgical result showed R1 resection, which is a poor prognostic factor for this patient. Did the patient receive frozen section? Why didn't the surgeons do more extended surgery to achieve R0 resection?
>>> During surgery no frozen section was performed. Complete macroscopic tumor excision was achieved – however, detailed histologic evaluation after surgery revealed a R1-Situation.

Reviewer #3: Thank you for the great report. Pancreatic cancer is rethal disease, therefore several devises should be tried. This report will make a contribution to future treatment of pancreatic cancer. However, I have some questions.

1. How effective is the VAE treatment alone for advanced pancreatic cancer?
>>> As there has already been a RCT evaluating VAE in advanced pancreatic cancer we included this trial in the discussion section – however, to show, that patients in the VAE group were solely treated with VAE we added the term “solely” to the sentence as follows: “Tröger et al found a survival benefit for aPC patients solely treated with VAE in a randomized controlled trial on overall survival^[22].”
2. Would you please add the Figures of CT or MRI before IPMC was resected.
>>> We added radiologic images (MRI) of the primary tumor before resection, see Fig. 1 A-B.
3. Would you please add the Figure legends?
>>> We checked the figure legends and included explanations for all symbols and abbreviations used in the figures.

Reviewer #4: Dear authors: case report is well written, easy to read, updated references but only one case does not demonstrate any positive or negative results.

1. perhaps VAE has got this impressive results but perhaps placebo got same results.

>>> Advanced pancreatic cancer has a poor prognosis – but however, there are several cases with longer survival times reported (e.g. Frank RC in JCO 2010) and a single case cannot give enough evidence to prove an new therapy or show its statistical impact.

However, there are examples, where case reports showed new possible treatments which then were approved in further studies and trials – like Propranolol for the treatment of severe hemangiomas of infancy (Leaute-Labreze C et al. NEJM 2008).

We therefore consider our case as important and want show the detailed condition of our patient to evoke further research which might lead to new types of treatment of patients with pancreatic cancer.

2. Minor concern: a CT scan of neoplasm would be interesting.

>>> We included the radiologic images of the primary tumor and the liver metastasis, see Figure 1.

Further changes:

As we are further following the patient we updated the survival time and the relapse free survival time.