We appreciate you for reviewing our manuscript. The reviewer's comments have been helpful in allowing us to revise our manuscript.
Our responses to the reviewer's comments are as follows:

Comment-1
The methodology section lacks details on the analytical approach used to study the subsequent incidence of diabetes. It would be beneficial to include a more thorough explanation of the methods employed in this aspect of the research.

Thank you for your helpful comment.
We added "evaluated at least at the time of initial and follow-up CT in all patients" as follows:

Diabetes was defined by one or more of the following criteria: early-morning fasting serum glucose ≥126 mg/dL; casual serum glucose ≥200 mg/dL; serum glucose 2 h after an oral glucose tolerance test ≥200 mg/dL; glycosylated hemoglobin ≥ 6.5% (National Glycohemoglobin Standardization Program); and treatment with antidiabetic drugs, evaluated at least at the time of initial and follow-up CT in all patients.

Comment-2
Clarification is needed on whether the patients were all non-diabetic at baseline, and on the baseline serum IgG4 levels in the result section.

Thank you for your helpful comments.
(2-1) We added the following sentence about the diabetes at baseline in the result section:
Diabetes was observed in 19 patients (19/33, 57.6%) at the time of initial CT, with no significant difference between D-type (11/16, 68.8%) and M-type AIP (8/17, 47.1%) ($p = 0.296$)

(2-2) We added the following sentence about the baseline serum IgG4 levels in the result section:
The mean serum IgG4 level at initial CT was 499.5 ± 486.6 mg/dL (median 369.0 mg/dL; range 133−2149 mg/dL).

Comment-3
It is suggested to present the subsequent incidence of diabetes more clearly in the main text by using a simple table. This will enhance the clarity and accessibility of the data for readers.

Thank you for your helpful suggestion.
We added the Table 5 regarding "Incidence of diabetes in patients with type-1 autoimmune pancreatitis at the time of initial and follow-up CT".

Comment-4
The CT imaging arrows should be standardized for consistency throughout the study. It is recommended to standardize the CT imaging arrows, and if necessary, draw clear

boundaries to highlight specific areas. This will make the article more accessible to readers without a clinical background, facilitating broader dissemination and education.

Thank you for your helpful suggestion.
We standardized the CT imaging arrows in Figure 3, 6, 7.

Comment-5

Given the relatively advanced age of the study population, it would be prudent to consider the potential confounding effects of age-related pancreatic atrophy. If possible, considering the inclusion of a similar age-matched control group not affected by AIP could enhance the robustness of the study results.

Thank you for your helpful comment.
We evaluated pancreatic volume and relative pancreatic volume change on serial CT images during follow-up in the control group including 10 subjects with normal pancreases (5 women and 5 men with tongue or maxillary cancer) matched to a median age of 65.0 years in all 33 patients with type-1 AIP.