

Peer Review File

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**Reviewer A**

Interesting case report of pancreatic carcinosarcoma treated with neoadjuvant therapy followed by surgery. Given the rarity of the diagnosis and “proof of feasibility” of this treatment approach, it is a helpful contribution to the literature. I would recommend modifying the conclusion. Given the rarity of the diagnosis and the challenges in making the diagnosis preoperatively with FNA, it is unclear how “Characterizing response to neoadjuvant therapy may inform future therapeutic approaches to this 20 rare pathology”. Perhaps the conclusion should be “modern treatment approaches for PDAC should be applied to this rare pathology”.

We appreciate the feedback and suggestion by the reviewer and we have modified the conclusion of both the abstract and main text as follows:

Page 2, line 19: Modern treatment approaches for PDAC could be applied to this rare pathology.

Page 9, line 2-3: Modern treatment approaches for PDAC could be applied to this rare pathology.

Minor comments:

- Pg 4, ln 19: “external drain was placed”?

Thank you for asking for clarification. We have modified our text as follows:

Page 4, line 19: “external drain was place” removed.

Page 4, line 19: “notable for presence of external drain” removed.

- Can remove “antrumectomy” pg 5 ln 11

We have modified our text as advised.

Page 5, now line 9: “antrumectomy” removed.

- Pg 5 ln 5, plan is for 2 months and restage, but the patient received ~6 months therapy. can remove or clarify.

Thank you for asking for clarification. The patient received 6 months of total neoadjuvant therapy: four months of chemotherapy with FOLFIRINOX and two months of chemoradiation with capecitabine and radiation. To clarify this, we have made the following changes to the text:

Page 5, line 2: “for two months” removed.

Page 5, line 3: “eight biweekly treatments over four months” added.

Page 5, line 5: “two months of” added.

Page 5, line 9: “after six months of neoadjuvant treatment” added.

Additionally, this has been clarified by adding in-text citation of treatment timeline:

Page 5, line 9: (Figure 3) citation added.

- No additional adjuvant therapy was given after surgery?

Thank you for asking for clarification. As further described in response to the previous query, since the patient received a total of 6 months of chemotherapy (4 months of FOLFIRINOX and two months of capecitabine in conjunction with radiation), no adjuvant chemotherapy was administered.

- Pg 6 ln 8-9. Pancreatectomy (not PD) is backbone of management. localized PDAC (not all PDAC).

Thank you for catching this! We have modified our text as advised:

Page 6, now line 5: “Pancreatoduodenectomy” has been replaced with “pancreatectomy.”

Page 6, now line 6: “localized” has been added.

- Feel free to use PDAC for “pancreatic adenocarcinoma” in your manuscript

Thank you for this suggestion. We have modified our text as advised:

Page 7, line 11, 14: “pancreatic adenocarcinoma” replaced with “PDAC.”

- Pg 9 ln 3. Given both chemo and xrt used, should change to neoadjuvant therapy

Thank you for asking for this text clarification.

Now Page 8, line 22: “chemotherapy” replaced with “therapy.”

## Reviewer B

Firstly let me congratulate you on a well written and managed case. I found it very interesting and a nice short review of studies which aids us in the management of pancreatic cancer.

I have two questions and was wondering if that could be addressed in the paper.

1. Seeing that the patients relative had pancreatic cancer, was there any genetic testing performed on either the relative or the patient looking for any underlying mutations like BRCA1, PRSS1 etc.

The reviewer raises an excellent point. Molecular testing of the tissue sample has since been ordered and is pending.

2. In my institution in Sydney we usually use 6-8 cycles unless the patient can't tolerate the side effect. Can you please expand why only 4 cycles of FOLFIRINOX was used?

We thank the reviewer for this important question. The patient received 4 cycles (eight biweekly treatments) of FOLFIRINOX and two months of concurrent chemoradiation with capecitabine, to complete 6 total months of neoadjuvant therapy. Please see the text level changes made in response to a similar query from Reviewer 1.