Peer Review File

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Reviewer A

This is a very well-written and interesting paper. It is educational and the findings are important and relevant.

Response: Thanks very much for taking interest to review our manuscript and for the positive complement

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Comment 1: Study population and sample: Can you be specific on the number of health providers how attended these patients? It sounds like there was only one oncologist, is that correct? Do you have a tumor board where cases are discussed by phone or zoom, maybe? I think you should provide the details of the treating healthcare providers, don't you?

Reply 1: It is difficult to be specific on the number of providers who attended to these patients in a department with two units each having 6 specialist surgeons. Of these specialists, only one recently trained in gastrointestinal surgical oncology from Tata Memorial Hospital in Mumbai. So traditionally patients with obstructive jaundice with causes other than stone disease get attended by any surgeon with intent to relieve the obstruction to bile flow regardless of the diagnosis. We do have a single tumor board handling all oncology patients with medical and radiation oncologist coming from another hospital 4 km away. Patients are traditionally only discussed here for transfer and in most cases surgery has been done with or without a biopsy taken. So it's not a very ideal tumor where patient's management decisions would be shared before any treatment is initiated.

Changes in the text: the following text has been added in the study design and setting line 94-96 as follows, '**It has one surgical oncologist with orientation to gastrointestinal system, 4 gastrointestinal surgeons, 8 general surgeons all managing patients with OJ with or without a pancreatic mass'**

Comment 2: '…it is clear that we see a lot of younger patients in our setting. Almost a third of patients were below the age of 55. The reason for this is yet to be studied. Likewise, there was a slight….' But you stated 3 sentences earlier that only one third had histology. So how can it be a surprise? Every one of the final 2/3rds may have been older, right?

Reply 2: Yes, you are very right on this observation. We mistakenly concluded on patients who did not have histology as well. We can just make conclusion and recommendations to address this shortcoming on histological diagnosis to have the full epidemiology.

Changes in the text: The following changes have been made in the text in line 201-204, **'it is possible that we have a transition into younger population with different risk factors. But histological diagnosis was only available for one third of the study subjects hence in the majority there is a possibility of observing a different picture. We need to ensure that we understand the complete epidemiology of patients with pancreatic malignancy in our setting by ensuring all patients get a histological diagnosis'**

Comment 3: '…The reason for delay might be multifactorial, with low socio-economic status being one of them….' I can think of two others: Availability of healthcare and possibly your patients are using 'local' remedies.

Reply 3: Thank you for this very important observation. We also think that provider's awareness might have influenced timing of referral of these patients and all these need to be studied to establish their role and improve early referrals.

Changes in the text: The following text has been added in line 216-219, '**Another potential cause of delay that will need to be investigated in these patients might be the use of local herbs and availability of healthcare services, including awareness of the condition among healthcare providers.'**

Comment 2: Lines 238-245 are probably not necessary, IMO

Reply 2: I agree with your opinion on line 238 – 245 **'With lack of insulin level measurements, it was difficult to distinguish type 1 from type 2 DM in our cohort, however, all of our patients were diagnosed in adulthood, making type 2 DM more likely. The relationship between pancreatic mass and DM as its risk factor or a complication needs to be established. This should enlighten clinicians to have a high index of suspicion of pancreatic mass in elderly patients who are newly diagnosed to have DM'. We have now modified the paragraph to suggest screening intervention in diabetic clinics.**

Changes in the text: The following has been inserted to replace the above paragraph in line 231-235, **'The relationship between pancreatic cancer and diabetic mellitus has been considered to be like that of egg and chicken. But with diabetic clinics available in many health facilities across the country, looking at possibility of screening these patients should be explored to improve early diagnosis of pancreatic masses.'**

Comment 2: 'Failure to do pancreatic protocol could partially explain the low resection rates seen in this …….' This is exactly why I asked to describe the attending healthcare providers.

Reply 2: I have described the attending professional in the study setting to address this shortcoming in patients work up

Changes in the text: None

Reviewer B

Comment 1*: "Title: Patients' characteristics, investigations and management of pancreatic masses in low resource settings"* I suggest changing the title to "Patients' characteristics, diagnosis and management of pancreatic masses in low resource settings".

Response to comment 1: Thanks for your observation on the tittle of the document. We had intended to cover the nature of diagnostic tests carried out but this suggestion still sounds okay

Changes in text: Title has been changed as suggested in line 1-2, 'Patients' characteristics, diagnosis and management of pancreatic masses in low resource settings'

"3.2 Investigations

Figure 3 below shows investigations that were done on patients to make diagnosis, and stage the patients. Eight investigations were done in varied proportions for these patients with abdominal CT being the most commonly done as was in 72.1% of the patients followed by chest x-ray in 69.4% and the rest as shown. Of significant to note was that only 32.7% had a histological diagnosis and 40.8% CA19.9."

Comment 2: I suggest changing the subheading to "3.2. Diagnosis". I also suggest changing "investigations" in the paragraph to "diagnostic procedures".

Response to comment 2: The suggestions are okay since they align with the changes made to the title

Changes in text: As shown in line 173-174