Peer Review File

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Reviewer A

1. pancreatic adenocarcinoma TCGA dataset should be revised because another study reclassified some of the tumors (Nicolle et al. Cancers 2018)

Reply: Thank the reviewer for the suggestion. We have excluded non-PADC cases according to reference. Finally 150 cases in TCGA were left and we have revised the analysis.

Changes in the text: Page 3 line 14-20, Page 6 line 9-11, Page 11 line 8, 12-21 and 30, Page12 line 1-10, 19 and 25, Page 13 line 4, page14 line21-24 and 28, page 15 line 7, page 16 line 8-10.

2. In the identification of differential genes, a correction by multi-testing must be applied.

Reply: Thank the reviewer for the suggestion. Multi-testing (1000 times) has been applied and has been indicated in the methods

Changes in the text: Page 7 line 26 and 27.

Reviewer B

The objective of the manuscript by Zhou et al wasestablish and validate a prediction model based on acute pancreatitis 5 (AP)/chronic pancreatitis (CP) related genes associated with the diagnosis and 6 prognosis of pancreatic ADENOCARCINOMA (PAAD).Overall it is a well written manuscript.

The presented data supports their conclusion that Acute pancreatitis (AP) and chronic pancreatitis CP) co-related genes are significantly correlated with pancreatic adenocarcinoma and(PAAD,. TINAG,, DDC, SPDEF and APOBEC1 are new promising PAAD predictors. However the manuscript might be further improved in terms of clarity, if the authors add a diagram describing the role of these genes in pathways implicated in AP , CP and PAAD.

Reply: Thank the reviewer for the suggestion. The pathways of these genes have been added.

Changes in the text: Page 10 line 12-19, Page 13 line 28-30, Page 14 line 1-13.