**Author Response Letter**

**Manuscript ID:** AJGH-2506-1082-revisited/

**Title:** *Pancreas-Sparing Distal Duodenectomy for Distal Duodenal Malignancies: A Single-Center Experience (with Video)*

**Dear Prof. Mohamed,**

We sincerely thank you and the reviewers for the thoughtful and constructive comments on our manuscript.

We have carefully revised the text, and all modifications are highlighted in the revised version using track changes.

Below, we provide a detailed point-by-point response.

**Reviewer 1 (SS)**

**Comment:** Where are the definite inclusion and exclusion criteria? Does any patient with duodenal malignancy benefit from pancreatic sparing surgery, or is there definite exclusion criteria, especially if one of your patients died from metastasis?

**Response:** We agree with this important comment. We have now clearly stated the inclusion and exclusion criteria in the *Methods* section.

* **Inclusion:** histologically confirmed malignant tumor of D3/D4, resectability on imaging, absence of distant metastases.
* **Exclusion:** pancreatic head invasion, unresectable mesenteric vessel involvement, distant metastases, or ASA IV status.

This ensures that PSDD is indicated only in selected patients with favorable anatomical and oncological conditions.

**Reviewer 2 (AA)**

**Comment:** Small number of patients. Single-center study. How long follow?

**Response:** We acknowledge this limitation and have clarified it in the *Discussion*. Our series includes only 6 patients, reflecting the rarity of D3/D4 tumors and PSDD.

We have now reported the **median follow-up duration: 36 months (range: 12–84)** in the *Results* section.

The single-center and small cohort nature are emphasized as study limitations.

**Reviewer 3**

**Comment:** The research is scientifically sound; however, some modifications are necessary.

**Response:** We thank the reviewer for the positive assessment. We have addressed all requested modifications, including clarifications in figure legends, improved phrasing in the discussion, and additional details on postoperative complications.

**Editor’s Comments**

1. Authors’ names and affiliations: verified and corrected.
2. Structured Abstract: added, including a Conclusion.
3. Keywords: up to 10 included.
4. References: reformatted according to journal style.
5. Tables: retitled and adapted to the three-line format.
6. Figures: revised with scale bars, annotations, magnifications, and software used.
7. Plagiarism check: manuscript originality verified.

**Conclusion**

We hope that the revised version satisfactorily addresses all concerns and makes the manuscript suitable for publication in the *African Journal of Gastroenterology and Hepatology*.

With kind regards,

**Prof. Redha Khalfallah**

(On behalf of all co-authors)