Review Comments
This is an interesting case, pancreatic cancer has very poor outcome, it is in dead to give the patients individual therapy to improve the survival rate. But there are some points I am confused, maybe you need to illustrate more clearly.

1. PARP inhibitors target tumor cells with a homologous recombination repair (HRR) deficiency based on the concept of synthetic lethality. The most prominent target gene is BRCA. C. Elizabeth Caldon1 showed a signal map of DNA repair shown in Figure 1 in his paper in breast cancer (https://doi.org/10.3389/fonc.2014.00106).

We agree with the reviewer and added the reference and edited the discussion section from L129-134.

2. Another recommend is the “PARP inhibitors in pancreatic cancer: molecular mechanisms and clinical applications” (doi: 10.1186/s12943-020-01167-9), it also included the relationship between BRCA and CHEK2. Yes, we agree with the reviewer as CHEK2 gene has been shown to interact with BRCA, and hence mutations in CHEK2 gene can also create an HRR deficient state in the cancer and edited the discussion section from L129-134

3. Radiation is not been recommended in adjuvant therapy, you can mention that if you like, but it is not crucial for this patient is died from metastasis.

Yes we agree with the reviewer and removed theat the patient received radiation treatment

4. Some minimal errors should be more correct, for P2 L68 you don’t have punctuations and P2 L96 4.4cm*3cm it should be 4.4cm*3.0cm or 4*3 cm. Changed the punctuation as suggested by the reviewer in P2L96

5. The CA199 increased at the 3rd month, CA199 always increased earlier than the images. You should illustrate if the patient checks the CA199 level month and whether this kind of patient should monitor CA199 more frequently due to it is easily to
recurrent. We did not check CA 19-9 prior to 3 month follow up after completion of adjuvant therapy. So we edited the discussion section on L188-189 accordingly.