Peer-Review comments:

Overall article seems well written apart from minor suggestions. We suggest the following

1. Each therapeutic intervention allotted to each group needs to be clarified further on the basis of A. ASA grading B. CT findings (needs to be correlated with CT severity index) C. Early or delayed collection D. Infectious or Non-infectious collection. Above parameters effects postoperative status of patient.

2. It seems to be unclear that why acute fluid collection(AFC) needs drainage as we know that AFC can be managed conservatively.

3. The rate of secondary interventions in either group needs to be highlighted in terms of number of interventions and type of interventions and whether they had any effect on aims and objectives of study.

4. In this study, endoscopic approach performed in the patients with PFC in the distal pancreas mainly and PFC around head of pancreas relied more on surgical treatment but basis for this division has not mentioned.

5. In this study, acute PFC were the leading type while ANC, pseudocyst and WON followed in the endoscopic group. In contrast, pseudocyst and WON were the majority in the surgical group. So, may be chance of bias while comparing parameters between two groups.

Our response to the suggestions:

1. Thanks for the piece of suggestion. We have added the information in the Table 1, and related discussion has been added also.

2. The APFC is always treated conservatively if it is result from acute pancreatitis, or without severe symptoms. In our study, APFCs were mainly caused by pancreatic surgery and the fluid contained pancreatic juice, which may cause severe bleeding or infection. So we used aggressive approach to deal with the APFCs.

3. We have mentioned the situation about the re-intervention in Table 4 and DISCUSSION. The analysis of re-intervention was useful evidence for us to make our conclusion.

4. In this study, endoscopic approach performed in the patients with PFC in the distal pancreas mainly because the fluid collection, origins from the stump of the pancreas, is in the free area after the body and tail of pancreas moved. The EUS-guided puctucture were performed through the thick gastric wall. The technique acquirement is lower relatively. The collection in the head of the pancreas needs more experienced performer to make puncture through the wall of duodenum, which has higher risk of perforation.
5. Our study is retrospective, non-randomized, which makes the bias exist. The surgical treatment for PFCs has been the first choice for long time. The efficacy and safety of endoscopic approach has still not proven. We can only summarize the primary indication of different approach.