

1. Reviewer Name: Anonymous
Review Date: 2019-03-03 22:36
Specific Comment: it's better to put a figure of the SEMs used.
Scientific Quality: Grade B (Very good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments To Authors (File):

Response: Image 3 and 4 are figures of the LASEMS

2. Reviewer Name: Anonymous
Review Date: 2019-03-05 14:31
Specific Comments To Authors: This is the first study to report the use of SEMS for EUS-guided transmural drainage of symptomatic PFCs in cirrhotic patients although the sample size is too few to be control group. Larger, multicenter studies are warranted to further characterize the risk profile and outcomes in these patients.
Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Accept (General priority)
Specific Comments To Authors (File):

3. Reviewer Name: Anonymous
Review Date: 2019-03-06 20:53
Specific Comments To Authors: It can be better describe only cirrhotic patients' in details instead comparing them with non-cirrhotic patients. I am curious about why this mortalities happened.
Scientific Quality: Grade D (Fair)
Language Quality: Grade C (A great deal of language polishing)
Conclusion: Major revision
Specific Comments To Authors (File):

Response: Amongst the cirrhotic patients with adverse events, two had a fatal adverse event. One of them (MELD: 17) received an AXIOS stent for management of a PP, and developed severe upper gastrointestinal bleeding from rupture of a pseudoaneurysm of the main splenic artery after cystogastrostomy, which required urgent embolization (Image 3,4). He ultimately developed severe sepsis and expired. The other patient (MELD: 28) presented with gastric outlet obstruction and cholangitis from a 200 mm walled off necrosis (WON) in the pancreatic head and underwent AXIOS stent placement successfully. However, he developed post-procedure hypovolemic shock due to massive PFC drainage necessitating intensive care unit admission. He subsequently underwent three endoscopic necrosectomies before he expired due to massive variceal bleeding with hypoxic respiratory failure.

4. Reviewer Name: Anonymous
Review Date: 2019-03-06 11:00
Specific Comments To Authors: 1. Does this manuscript conform to the definition of Original Research articles? Yes 2.

Is the language, specifically the grammar, of sufficient quality? Yes 3. Does the title clearly and precisely reflect the findings of the manuscript? Yes 4. Are the statistical methods used validated? Yes 5. Is the discussion generalized and discussed in detail? Yes 6. Is prior work properly and fully cited? Yes 7. The authors can cite the following papers: J Hepatol. 2018 Oct;69(4):970-972.

Scientific Quality: Grade A (Excellent)
Language Quality: Grade A (Priority publishing)
Conclusion: Accept (High priority)

Specific Comments To Authors (File):

Response: Thank you for your great comments and suggestions. The paper "Association between cirrhosis and hip fracture in older people in a population-based cohort study" - J Hepatol. 2018 Oct;69(4):970-972, we were unable to determine an appropriate place in the introduction or discussion to cite this.

5. Reviewer Name: Anonymous
Review Date: 2019-03-03 18:15

Specific Comments To Authors: The manuscript is about a not usually written topic: results of endoscopic management of WON and Pancreatic pseudocyst in cirrhotics. Main problem is that the experience is short only five patients so conclusions should be only suggestions. I think that the results seem not good but the patients that they treated are very fragile patients. So possibly with other treatments would be even worse. Comments: Introduction: OK. Methodology: Two of the exclusion criteria are, I would say, curious: Patients with regional varices and coagulopathy (international normalized ratio > 1.5), thrombocytopenia (platelets < 50,000/mm³). Perhaps more cirrhotic patients could be included if you excluded these criteria. Could you comment this point? You said that similar number of procedures were done in both groups but in cirrhotics group there were two casualties so you are comparing 24 vs 3. Discussion: You explain perfectly the limitations of your study conclusions should be less taxative. Tables: no tables in my document so I could not talk about tables. References: not too much and some of them a little bit old. Figures: 3 and 4 could be joined and I think that could be better images specially figure 3.

Scientific Quality: Grade C (Good)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection

Specific Comments To Authors (File):

Response: Thank you reviewer for the great suggestions. Your point in regards to excluding patients with regional varices and coagulopathy (international normalized ratio > 1.5), thrombocytopenia (platelets < 50,000/mm³) is well received and was done so as patients with regional varices and coagulopathy are higher risk for bleeding complications. References have been updated. Better quality images now provided.

6. Reviewer Name: Anonymous
Review Date: 2019-03-06 17:53

Specific Comments To Authors: To Authors This study develops well and completely the mini-invasive management of the pancreatic fluid collection, complex clinical problem, in particular in cirrhotic patients. I have some observations and suggestions: In the Introduction can be useful to add some

detailed but short pathological characteristics on pancreatic pseudocysts and walled-off necrosis. Moreover it's need some clinical data on the symptomatic evolution of these pancreatic lesions; are not enough the very schematic data reported in the Methods. I suggest to define the section Patients and Methods and to add the data about the cohort of patients with the demographic and basic pathological features. Consequently in the Results can be reported the details of the results of the treatment. In the Discussion should be very interesting to develop synthetically the subject of the connections between the cirrhosis and pancreatitis. In the final paragraph of the Discussion there is a general reference to literature review on "management of PFC using SEMS....." In my opinion should necessary to mention at least the bibliographic data of the studies that can be reported within the references.

Scientific Quality: Grade C (Good)
Language Quality: Grade A (Priority publishing)
Conclusion: Minor revision

Response: Thank you reviewer for the great suggestions. Hopefully the additional tables will address most of the points raised.

7. Reviewer Name: Anonymous
Review Date: 2019-03-12 15:27

Specific Comments To Authors: 1.This manuscript focused on the EUS-guided drainage of PFCs in cirrhotics and the authors found that EUS-guided management of PFC using SEMS placement has a high technical and clinical success rate in non-cirrhotics, while in cirrhotics caution must be exercised given the high morbidity and mortality.However, there were only 5 patients with cirrhosis included in the study which made the conclusion of limited value. 2. No tables were available in the manuscript or the attached files. 3. There were no definition of cirrhotic patients in the manuscript. Whether the patients were compensated or decompensated, with or without complications were not clear. 4. The author contributions were not clear in the manuscript.

Scientific Quality: Grade E (Do not publish)
Language Quality: Grade B (Minor language polishing)
Conclusion: Rejection
Specific Comments To Authors (File):

Response: Dear reviewer thank you for your esteemed comments. Four tables have now been included in the paper and detail of your concerns.
Author contributions have been added as well.