

Dear Editor and Reviewers:

We greatly appreciate your critical review of our manuscript and valuable suggestions. We have provided our point-by-point responses to the reviewers' comment below, along with a description of the changes made to the manuscript. In the revised manuscript, the red text indicates portions revised according to the comments by Reviewer ID (03015908), blue text indicates portions revised according to the comment by Reviewer ID (02551224), green text indicates portions revised according to the comment by Reviewer ID (00036023), and purple text indicates portions revised according to the comment by Dr. Jin-Lei Wang.

Response to Reviewer ID (03015908)

We greatly appreciate your review of our manuscript and the valuable comments. Changes made in accordance with your comments are indicated in red text in the revised manuscript (page 9, lines 2–3).

1. We have defined all abbreviation at their first mention throughout the revised manuscript.
2. We have added *p* values, OR, and 95% CI for every risk factor (precut sphincterotomy, biliary balloon sphincter dilation, and trainee endoscopists) in the Result section (page 14, lines 8–11).

Response to Reviewer ID (02551224)

We greatly appreciate your review of our manuscript and the valuable comments. Changes made in accordance with your comments are indicated in blue text in the revised manuscript.

1. As you pointed out, the utility of pancreatic stent placement to prevent PEP in ERCP for asymptomatic CBD stones remains unclear. However, the current guidelines recommend the placement of a prophylactic pancreatic stent, particularly in patients at a high risk of developing PEP. Therefore, because there is consensus that a prophylactic pancreatic stent placement is useful to prevent PEP, we recommend

that endoscopists should strongly consider this option when performing precut sphincterotomy or biliary balloon sphincter dilation in patients with asymptomatic CBD stones (page 17, lines 4–7).

2. As you pointed out, there is no consensus on the definition of experienced endoscopist, and the definitions vary in the literature. We have consistently used the definition of experienced endoscopists as those who have performed >200 ERCP procedures based on a grading scale for ERCP in our previous reports (references 7 and 9). We did not arbitrarily determine the definition of experienced endoscopists.
3. As you pointed out, there may be an opinion that trainees must gain experience of the ERCP procedures. However, because ERCP for asymptomatic CBD stones and the procedure performed by trainee endoscopists regardless of supervision by an experienced endoscopist are both risk factors for PEP, it is recommended that ERCP for asymptomatic CBD stones be performed by experienced endoscopists. We have added following sentences in Discussion section (page17, lines11-15).

“There may be a notion that trainees must gain experience of ERCP. However, ERCP in patients with asymptomatic CBD stones is associated a high risk of PEP development, and ERCP performed by trainee endoscopists is a risk factor for PEP regardless of supervision by an experienced endoscopist. Therefore, ERCP for asymptomatic CBD stones should be performed by experienced endoscopists.”

Response to Reviewer ID (00036023)

We greatly appreciate your review of our manuscript and the valuable comments. Changes made in accordance with your comments are indicated in green text in the revised manuscript.

Previous studies have revealed that patients with asymptomatic CBD stones are at a high risk of developing PEP. However, currently there are no studies addressing the risk factors for PEP focusing on patients with asymptomatic CBD stones. Thus, we examined this topic in the present study. As you pointed out, an important limitation of this study was that this study was a retrospective study with a small cohort. We have added the following limitation in the Discussion section. (page17, lines 16-17)

“There were several limitations in this study. First, this study was a retrospective study with small cohort.”

Although this study was a retrospective study with small cohort, we believe that identifying the risk factors for PEP in patients with asymptomatic CBD stones is important to reduce the incidence of PEP. Therefore, this article is useful for discussion among endoscopists performing ERCP for asymptomatic CBD stones.