

## Response to reviewers

Reviewer's code: 01491225

### **SPECIFIC COMMENTS TO AUTHORS**

**This is an excellent review on PEP. It is very well written and comprehensive. I do not have any comments of substance. One suggestion is to use the more commonly used term "sphincterotomy" throughout the text and in the tables instead of "papillotomy" for uniformity. Also use "Sphincter of Oddi manometry" instead of "Oddi sphincter manometry". Finally is Type I SOD a risk factor for PEP. Type II is typically the main risk factor and should be added to the table 1**

Professor Peter Draganov, first of all, I would like to say that it is a great honor to have you as a reviewer of our article.

Your comments touched the whole team and we were flattered. We welcome all your suggestions and we are sure that this will make our article better.

Thanks again for your time spent reviewing our article.

Regards,

Igor Braga Ribeiro

Reviewer's code: 03299110

**Advantages :** (1) The content of the article is comprehensive, including the pathogenesis, risk factors, clinical manifestations, prevention and other aspects of post-ERCP pancreatitis. (2) The article structure is clear and progressive.

Dear editorial board member, I would first like to thank you for your time in evaluating our article.

**Disadvantages:** (1) Introduction is too simple and does not provide enough background information. And the introduction mentions that "the purpose of this review is bring an update on post-ERCP pancreatitis, its prevention, its treatment", but according to the following text, there is not too much discussion on the updated treatment. So the article needs to have a more clear theme and focus.

Dear reviewer, you are absolutely right.

We increased the introduction and made the purpose of the article clear.

**(2) The parts of risk factors and treatment are not sufficiently discussed.**

Dear reviewer, we have increased the discussion on the topics reported.

We did not go too far into the treatment as this is not the focus of the article and for the endoscopist. Thanks for flagging.

**(3) There is a lack of diagnostic criteria of PEP in the part of diagnosis.**

Dear reviewer, we improved the topic on diagnosis as requested.

**(4) “Post-ERCP pancreatitis” and the abbreviations for it, PEP, are used interchangeably in the article which makes reading a little difficult.**

Dear reviewer, this was initially intended so that the terms are not repetitive. However, to improve our article, we follow your suggestion and standardize the terms.

*Dear reviewer, we hope that we have answered all your questions and hope that your new analysis is positive. We look forward to your response and are available for any further questions.*

**To Science Editor: Jin-Lei Wang**

**(1) Authors should always cite references that are relevant to their study. Please check and remove any references that not relevant to this study, and the authors should cite no more than 3 their own published articles. Please check and remove the inessential self-citations.**

Dear Editor, we apologize for what happened, we were unaware of the maximum number of citations. We leave only the extremely necessary references. We are a group with many publications and, for the most part, systematic reviews with meta-analyses. One of our study groups is about ERCP, because of this, several of the newer studies with high scientific evidence are cited by us and this will be the case with this review if approved in the World Journal of Gastroenterology.

Thank you.