Point to point reply to the comments of the Reviewers

On behalf of all the Authors, I would like to thank the Reviewers for Their comments and suggestions that significantly allowed improving the quality of the manuscript.

Please, find below a point to point reply to the comments of the Reviewers that are sincerely thanked. Kindest regards,

The Corresponding Author.

REVIEWER 1

Comment: Dear authors, congratulations on your study. POPF remains a very common and difficult complication in pancreatic surgery and the ability to predict it would greatly benefit patients. Also, identifying those with low POPF probability would also lead to enhanced recovery protocols and lower hospital stay. After reviewing your registry in ClinicalTrial.gov, it seems that the estimated date for DALCUT trial completion is today. If so, why publish your protocol now?

Reply: We thank the Reviewer for Her/His comment. We totally agree our goal was to conclude the enrollment on June 1st 2021. Unfortunately, since over the last two years, healthcare has undergone a sudden reorganization due to the Covid-19 pandemic. The increase in hospitalization for patients who needed respiratory support, the use of intensive care beds, movement of health personnel to Covid wards led to redistribution of resources. The pandemic has resulted in a reduction in surgical activity even in high-volume centers, often determined by the health management. (*Reference: Aldrighetti L, Boggi U, Falconi M, et al.; Italian Association of HepatoBilioPancreatic Surgeons-AICEP. Perspectives from Italy during the COVID-19 pandemic: nationwide survey-based focus on minimally invasive HPB surgery. Updates Surg. 2020 Jun;72(2):241-247. doi: 10.1007/s13304-020-00815-5. Epub 2020 May 29. PMID: 32472403: PMCID: PMC7259429).*

Also the diagnosis of pancreatic cancer had a 10% decreasing in Italy as reported by Buscarini and colleagues (*Buscarini E, Benedetti A, Monica F et al. Changes in digestive cancer diagnosis during the SARS*-

CoV-2 pandemic in Italy: A nationwide survey. Dig Liver Dis. 2021 Jun;53(6):682-688. doi: 10.1016/j.dld.2021.02.021. Epub 2021 Mar 8. PMID: 33726978).

As for the other centers, also ours has been involved in assisting Covid 19 patients. Up to 30% of all hospital beds were dedicated to these patients with reduction of their availability for other disease together with the decreased outpatients clinic activity; consequently, new PDAC diagnosis and patients enrollment have been impaired.

For all these reason at the beginning of 2021 we decide to publish the design of our Trial and postpone the end of the enrollment to October the 1st 2022 in order to achieve the correct number of patients. Thanks to the Reviewer comment, this update has been registered in Clinicaltrial.org.

REVIEWER 2

Comment: Dear editor: The articles I downloaded for review: The articles published in the latest issue of the World Journal of Gastrointestinal Surgery. Volume: 13; Issue: 5; Publication Date: 2021-05-27. "Validations of new cut-offs for surgical drains management and use of CT scan after Pancreatoduodenectomy: The DALCUT Trial". It does not seem to be the full version, because there is no result data for the article. I don't know what caused it, so normal review work cannot be carried out. please check. Thank you!

Reply: We thank the Reviewer for Her/His comment. The manuscript represents the study protocol design of the DALCUT Trial. The Protocol was registered at the Clinical Trial.Gov Registry (Registration number NCT04380506). As stated in the answer to the other Reviewer, due to the Covid pandemic we had to postpone the enrollment of the patients to October the 1st 2022. It will be our plan to further present all the results.