

Dear Editors and Reviewers:

Thank you for your comments on our manuscript entitled “Rectal nonsteroidal anti-inflammatory drugs, glyceryl trinitrate, or their combinations in the prophylaxis of post-endoscopic retrograde cholangiopancreatography pancreatitis: A network meta-analysis” (ID:73076). Those comments are all valuable and very helpful for revising and improving our paper. We have studied comments carefully and have made correction which we hope meet with approval. The main correction in the paper and the responds to the reviewer’s comments are as flowing:

Responds to the reviewer’s comments:

**Reviewer#1:**

This network meta-analysis showed that the combination of rectal indomethacin 100 mg with sublingual glyceryl trinitrate (GTN) was the most effective strategy for preventing PEP; however, there was only two research on the combination of rectal diclofenac and sublingual GTN. It is unclear whether it is correct to evaluate with this two research. It should be evaluated by a large number of RCTs.

**Response:** Limited by the fact that there are only two RCT studies of rectal indomethacin 100 mg with sublingual glyceryl trinitrate (GTN) for the prevention of PEP, the conclusions need to be more rigorous. Therefore, we change the conclusion to: The combination of rectal

indomethacin 100 mg with sublingual glyceryl trinitrate offered better prevention of post-ERCP pancreatitis than when used alone and could alleviate the severity of PEP. This conclusion needs to be further explored in more relevant RCTs with large samples. Thanks again for your friendly advice.

**Reviewer#2:**

why is always rectal use of NSAID recommended why not i.v?

**Response:** Thank you very much for your affirmation and reminder. Relevant RCT studies have repeatedly confirmed that the use of rectal NSAIDs is the best way to prevent PEP, and that both oral and intramuscular NSAIDs are less effective in preventing PEP. We have added relevant notes in the discussion section: Both randomized controlled studies and meta-analyses found that rectal administration of NSAIDs was better at preventing PEP compared to oral or intramuscular administration<sup>[7,37-38]</sup>. Thanks again for your friendly advice.

We appreciate for reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Sincerely,

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