

S. No.	Reviewers' suggestion/ comment	Changes made/ Reply	Manuscript page/ line number
We sincerely thank the reviewers for their useful comments on our manuscript			
Reviewer 1			
1	There are few spelling mistakes in the article.	Spelling mistakes have been rectified	Page 3-22
2	Abbreviations should be added at the bottom of the table	Abbreviations have been added at the bottom of each table	Table 1,2,3 and 4 Page-18-20
3	The information in the introduction should be simplified and focused on the subject	Introduction part has been simplified	Page- 5 Line- 115-127
4	One-to-one quotations from other articles in the literature on the subject should be corrected	Quotations have been corrected	Page 14-17 Line 345-457
5	In the discussion part; The authors stated that for the same reason, plasma iPTH and serum ALP levels were higher in PHPT-NP patients, and younger men were more common. Could there be other reasons?	Serum ALP levels and plasma iPTH levels were significantly higher in PHPT-NP because of more skeletal involvement and severe disease respectively. Younger age of presentation of PHPT-AP group could be due to associated acute pancreatitis episodes which would have unmasked the underlying PHPT at an early age.	Page 11 Line 268-270  Page-10 Line 247
Reviewer 2			
1	The authors didn't include pancreatitis imaging findings or mean serum lipase/amylase	Included in Table 3	Page 21 Line 487-490
2	There is no clear data about the former or current history of alcohol or smoking use in this population	Mentioned in the exclusion criteria in methodology	Page 6 Line 153

3	Also, one patient in the acute pancreatitis group (20%) had gallstones and no correlation with imaging or LFTs was mentioned to exclude biliary induced pancreatitis	This patient had a prior history of gall stones and treatment for the same elsewhere before coming to our institute with AP. Hence, we could not correlate with imaging and LFTs given the retrospective nature of the disease	Page 10 Line 247-254
4	There is no mention of idiopathic pancreatitis incidence in this study or other hereditary factors?	Mentioned in the limitations part of the study	Page 11 Line 286
5	The findings of lower serum calcium and parathyroid hormone levels in acute pancreatitis compared to the non-pancreatitis group, can't be explained by saponification impact of calcium levels with no report of acute pancreatitis severity or type (necrotizing vs interstitial). However, if calcium saponification is suspected, then I suggest including serum calcium levels after acute pancreatitis events have resolved for comparison.	Although the serum calcium is low in PHPT-AP compared to PHPT-NP, it is not statistically significant. Out of five AP patients, 4 had high serum calcium levels and one patient had high normal calcium levels which was attributed to acute episode of pancreatitis. This patient had acute interstitial pancreatitis on MRCP. Serum calcium levels after resolution of AP was not available as the patient was lost to follow up due to the Covid pandemic.	Page 10 Line 259-262
6	The authors should include a flowchart of how they excluded 2nd cause of hyperparathyroidism	Secondary hyperparathyroidism has been ruled out as the patients had either high or high normal serum calcium levels in our study	--
Reviewer 3			
1	The paragraph with the description of the physiopathology in the discussion sections should be in the introduction	Pathophysiology has been explained in the introduction	Page 5 Line 128-144
2	The alcohol consumption lack of gallbladder disease or other conditions such as hypertriglyceridemia should be better stated from the beginning, not just in the limitations part	Mentioned in the exclusion criteria in methodology	Page 6 Line 154

3	High incidence of pancreatitis, please explain the correlation or search if there are any correlations (obesity, hypertriglyceridemia, family history...?)	None of the patients had biochemical findings suggestive of hypertriglyceridemia or family history of pancreatitis in our study	Page 6 Line 154
4	Diagnosis of primary hyperparathyroidism was made by echography OR scintigraphy/CT scan, please mention the percentage.	Diagnosis of PHPT based on different imaging was added	Page 9 Line 213-216
5	Conclusions should be better described in order to highlight the significance of the work and this is different from the other studies that are already published	Conclusion part was modified accordingly	Page 11-12 Line 290-200