1 Peer-review report

Reviewer #1: 1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes, the title reflects and highlights the authors' hypothesis regarding the study. 2 Summary. Does the abstract summarize and reflect the work described in the manuscript? yes 3 Keywords. Do the keywords reflect the focus of the manuscript? yes 4 Background. Does the manuscript adequately describe the background, current status and importance of the study? yes 5 Methods. Does the manuscript describe methods (eg, experiments, data analysis, research and clinical trials, etc.) in adequate detail? Yes, it does, but it's kind of confusing about the ideal time to implant the new device and where they put it, was it in the pancreas or in the bile duct?

Answer: Thank for your revision. We put the new device to the bile duct, which is clearly described in the manuscript now. "The bile was isolated from the pancreatic juice using an auto-release bile duct supporter, which protected the wound surface. The auto-release bile duct supporter fell into the duct segment and the intestinal segment."

6 Results. Are the research objectives achieved by the experiments used in this study? What contributions has the study made to the progress of research in this field? For the authors, the interposition of this device was essential to avoid the complications of PE that reach more than 20%. In this study, the authors report that there were no complications. To verify this hypothesis, authors should evaluate a larger number of cases. 7 Discussion. Does the manuscript interpret the findings adequately and adequately, highlighting key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated clearly and defined? Is the discussion accurate and does it sufficiently discuss the article's scientific significance and/or relevance to clinical practice? Yes, initially because a series of cases can be considered difficult, but that can be treated as a series of patients can be considered difficult. 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, of good quality and adequately illustrate the content of the article? Do figures require labeling with arrows, asterisks, etc., better captions? Figure 1 is very confusing, it should be more didactic.

Answer: we have double check the figure 1 and revise a few words to make it clear.

9 Biostatistics. Does the manuscript meet the requirements of biostatistics? No 10 units. Does the manuscript meet the requirements for using SI units? No 11 References. Does the manuscript adequately cite the most recent, important, and authoritative references in the introduction and discussion sections? Does the author cite, omit, misquote, and/or overcite references? No

Reviewer #2: This is a study aimed to evaluate the usefulness, convenience, safety and short-term results of a novel auto-release bile supporter after endoscopic papillectomy (EP) procedure. The authors concluded that auto-release bile supporter could decrease the frequency of procedure-associated complications. However this study was consisted of very small size of cases, and the wound was closed with hemoclips, fibrin glue was sprayed on the wound. So, the actual usefulness of the auto-release bile supporter is not clear.

Answer: Thanks for your revision. We understand confusing about the unclear usefulness of auto-release bile supporter with hemoclips and fibrin glue. However, it is convenient

for patients using this novel auto-release device without second endoscopy for stent retraction. As mentioned in our previous study, the mixture of bile and pancreatic juice could activate the trypsinogen to achieve a high digestive capacity. Active trypsin in the pancreatic duct would induce pancreatitis and erose the duodenal wound.[1]

1. The authors should alter the title as " A prospective single-center feasible study of auto-release bile supporter to delayed adverse events after endoscopic snare papillectomy"

Answer: We have changed the title as " A prospective single-center feasible study of auto-release bile supporter to delayed adverse events after endoscopic snare papillectomy"

2. The authors use the term of endoscopic snare papillectomy (ESP) and endoscopic papillectomy (EP). I recommend to unify them and use the term of EP. 3. In table 1., the authors misspelled adenoma as adnoma in cases 1 and 4.

Answer: We have correct these spell mistake in the revision manuscript.

Table 1. Baseline Characteristics of patients with papillary adenoma

No.	Sex	Age(yr)	Tumor size (mm)	Biopsy pathology
1	M	59	20	Tubular adenoma
2	M	60	15	Tubular adenoma & HGD
3	M	49	32	Adenomatoid hyperplasia&LGD
4	M	44	20	Tubular adenoma
5	M	50	10	Neuroendocrine tumor (stage G1)
6	F	86	40	HGD
7	M	56	43	Tubular adenoma & HGD
8	F	52	20	Tubular adenoma

M:Male; F:Female; LGD: Low-grade dysplasia; HGD: High-grade dysplasia.

1. Jiang L, Ling-Hu EQ, Chai NL, et al. Novel endoscopic papillectomy for reducing postoperative adverse events (with videos). World J Gastroenterol 2020;26:6250-9.