Format for ANSWERING REVIEWERS

March 10, 2018

Dear Editor:

Please find enclosed the edited manuscript in Word format (file name: 38482 revised highlighted.doc).

Title: Pancreatic stents for the prevention of post-endoscopic retrograde cholangiopancreatography pancreatitis should be inserted up to the pancreatic body or tail

Author: Mitsuru Sugimoto, Tadayuki Takagi, Rei Suzuki, Naoki Konno, Hiroyuki Asama, Yuki Sato, Hiroki Irie, Ko Watanabe, Jun Nakamura, Hitomi Kikuchi, Yuichi Waragai, Mika Takasumi, Takuto Hikichi, and Hiromasa Ohira

Name of Journal: *World Journal of Gastroenterology*

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The manuscript has been improved according to the suggestions of the reviewers:
1 Format has been updated

2 Revisions have been made according to the suggestions of the reviewers

Reviewer 1

It is an interesting and suggestive paper, but their conclusions may be affected for different flaws. I would like to suggest some changes on the article, and to recalculate the results with the inclusion of some of the patients discarded.

Comment 1: Firstly the length of the pancreatic stents was determined randomly??? by the endoscopists. Perhaps it was up to the endoscopist criteria to choose the length of the stent.

Response: Thank you for your comment. The pancreatic stents were selected randomly by endoscopists (lines 170-171). In general, we inserted stents into the pancreatic head according to past reports; we only recently began inserting pancreatic stents up to the body or head of the pancreas. Therefore, the number of patients in the body/head group was small.

Comment 2: Secondly : in material and methods 102 patients were excluded because ERCP was performed to investigate pancreatic disease, and it is not clear they should be discarded from the study , The authors should check if the results were the same with their inclusion.

Response: Thank you for your valuable comment. The 102 patients underwent ERCP for investigation of the pancreatic duct due to pancreatic duct stricture or IPMC. The amount of contrast media used for pancreatography in these patients was much greater than the target amount of this study. The risk of PEP in these excluded patients was considered very different from expected in this study. In addition, many patients with pancreatic stricture received pancreatic stents for treatment rather than prevention of PEP. Therefore, the patients included in the present study and the 102 patients excluded from the study could not be compared. We added this description to the limitations section (lines 266-273).

Reviewer 2

I've read with great interest the manuscript by Dr Sugimoto et al., entitled "Pancreatic stents for the prevention of post-endoscopic retrograde cholangiopancreatography pancreatitis should be inserted to the pancreatic body or tail". I believe that data contained within give interesting insights regarding the prevention of post ercp pancreatitis, as really little data can be retrieved from literature on this topic. In fact, previous studies do not report any information about the precise placement of the stent in the head, body or tail of the pancreas. Nevertheless some issues that authors might try to address before publication:

Comment 1: It is difficult, from a statical point of view, to draw conclusions as the groups are quite inhomogeneous, considering that 131 patients had the stent inserted in the pancreatic head and only 16 patients had the stent inserted in the pancretatic body or tail, instead. Authors should at least clarify why the positioning of the stent in the pancreatic body/tail was realized in such a small number of patients and comment on how this affected results.

Response: Thank you for the valuable comment. In general, we inserted stents into the pancreatic head according to past reports; we only recently began inserting pancreatic stents up to the body or head of the pancreas. Therefore, the number of patients in the body/head group was small. We considered this a limitation of this study, which is discussed in the limitations section (lines 260-263).

Comment 2: There are no precise information regarding the time to removal; in fact authors talk about "few days".

Response: Thank you for this comment. We added more precise information (lines 171-176).

Comment 3: English language would require a revision throughout the paper.

Response: I apologize for my poor English. We once more consulted an English proofreading company for English revision.

Comment 4: In the end, the article is innovative and might form the basis of further better designed study to definitively clarify the role and the positioning of pancreating stent in preventing pancreatitis.

Response: Thank you for this comment. We also hope for larger, prospective studies on this topic.

Reviewer 3

The following are my comments to the authors:

Comment 1: The title needs to be modified in order to be grammatically correct.

Response: I apologize for my poor English. We once more consulted an English proofreading company for English revision.

Comment 2: Throughout the manuscript, the authors need to mention that the stent should be placed up to the body/tail and not in to the body/tail.

Response: I apologize for my poor English. I changed "into" to "up to". Additionally, we once more consulted an English proofreading company for English revision.

Comment 3: In the introduction, the authors should mention about the previous animal/human studies which support the hypothesis that stenting up to body/tail is more effective in achieving pancreatic duct drainage/ preventing PEP.

Response: Thank you for this comment. We added some citations (References 19-22). Among these, Olsson et al. discussed the lengths of pancreatic stents (lines 130-133).

Comment 4: Please mention in detail the criteria used to define PEP in this study.

Response: Thank you for this comment. We added details of the criteria to define PEP (lines 197-200).

Comment 5: On which day was pAMY measured?

Response: Thank you for this comment. I added information regarding p AMY measurement after ERCP (lines 193-197).

Comment 6: Was CT done in all cases to confirm PEP?

Response: Yes, it was (lines 199-200).

Comment 7: What was the severity of PEP observed in this study?

Response: Thank you for this comment. I added a description regarding the severity of PEP (lines 200-203, lines 224-225, Table 2).

Comment 8: In the Table 1, what is the meaning of bile duct extension?

Response: I apologize for my insufficient explanation. The patient exhibited left hepatic duct dilation. We performed ERCP and biliary juice cytology, but the patient was not diagnosed with malignant disease. The patient was 85 years old at that time, so additional examinations were not performed. We changed “bile duct extension” to “left hepatic duct extension”.

Comment 9. What were the indications for ERC in non-HPB cancer patients?

Response: I apologize for my insufficient explanation. We performed ERCP to treat obstructive jaundice in non-HPB cancer patients. We added a description of obstructive jaundice to Table 1.

Reviewer 4

It is a interesting manuscript about localization and size of pancreatic stent for prevention of PEP. It is an article with low level of evidence (retrospective) and with a high percentage of patients excluded (149 from 296), two groups that are not homogeneous in number (131 Vs. 16) and with a significant number of losses (specified in the tables).

Comment 1: When is the stent removed? (manuscript says a few days, specify).

Response: Thank you for this comment. We added more precise information (lines 171-176).

Comment 2: The bibliographical references could be more updated, only one after 2014.

Response: Thank you for this comment. We added some citations (References 19-22). Among these, Olsson et al. discussed the lengths of pancreatic stents (lines 130-133).

Comment 3: Also, there are some errors: "abailabe" in the exchange of data; "maljunction" in material and methods / "malfusion" in table 1; in figure 2, I suppose the last word should be tail not head.

Response: I apologize for our mistakes. I revised this.

Reviewer 5
well written manuscript. i have some suggestions.

Comment 1- what is the statistical method of study?

Response: The statistical method of this study is described in lines 206-216 and lines 226-233.

Comment 2- Post operative treatment is the major problem of general surgery. For the references i suggest (DOI: 10.1111/tbj.12838) and (DOI: 10.21802/gmj.2016.4.5) both of thes uptodate studies.

Response: I apologize. I reviewed these reports, but they are written about breasts. I did not add these reports to the citations.

Reviewer 6
This is an interesting article, however there is no information about how many patients to whom the stent was inserted to the pancreatic head presented pancreatitis. You only say patient who had the stent inserted to the pancreatic body or tail did not developed pancreatitis. I would also like to know whether you evaluated other characteristics like the post quirurgical pain between the two groups

Response: Thank you for this comment. The rate of PEP in the head group is described in Table 2. I added a description of the rate of PEP in the head group in the Results section (lines 224-225). I apologize, but I do not understand "***quirurgical***". However, regarding abdominal pain after ERCP, evaluating whether the abdominal pain truly originated from the pancreatic stents was difficult.

Reviewer 7
Thank you for your nice study. Most EPCPist have this question about pancreatic stent length to prevent the post ERCP pancreatitis. This study might be a start to solve this qeustion.

Response: Thank you for this comment. We also hope that this study will serve as a starting point.

Reviewer 8
I have reviewed this interesting and retrospective manuscript focused on the risk of PEP and the type of pancreatic stent used. Data shown than long pancreatic stent are safer than short ones, so we should to take in mind to use pancreatic stents of at least 7cm to drainage body and tail. I have no inconvenience to acept this manuscript for publication.

Response: Thank you for this comment. We hope that this study will help.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely,
Tadayuki TAKAGI, MD, Associate Professor
Department of Gastroenterology
Fukushima Medical University, School of Medicine
1 Hikarigaoka, Fukushima City, Fukushima Prefecture
960-1295, Japan
Tel.: +81-24-547-1202 Fax: +81-24-547-2055
E-mail: daccho@fmu.ac.jp