

*(1) In the result section of summary, the following sentence is found: "Total procedure duration in minutes was 60.1 29.9 vs. 40.33 23.5 (Perf vs. NoPerf, p0.001)", which shows the total procedure duration in Perforation group was 60.1 29.9 In the result section of the main text, the following sentence is found: "Total procedure duration in minutes was 40.33 23.5 vs. 60.1 29.9 (Perf vs. NoPerf, p0.001)", which shows the total procedure duration in Perforation group was 40.33 23.5 The statement of the same result has been contradictory in the abstract and the main text. Please clarify it.*

The procedure duration was longer in perf group. We have made the changes to the main text.

*(2) It would be better to describe the type of the perforations encountered during the ERCP procedure, whether it is duodenal perforation or peri-ampullary perforation or bile duct injury related perforation caused by guidewire or instrumentation.*

CORI-NED database does not give the specific type of perforation encountered during the ERCP procedure. We have added this as a limitation.

1. The perforation rate in this manuscript is significantly lower (0.14%) than in the three studies cited (reference articles 4, 5, and 17), where the rates were 0.45%, 0.72%, and 0.39%, respectively. Could the authors clarify the reason for this substantial difference?

As stated in the Results section: ' Participating physicians are provided with an electronic health record completed at the endoscopy time and generate procedure reports. Once submitted, the report cannot be altered.' Hence only the perforations detected during the peri-operative period are reported in the database. As the title of the study suggests: We aimed to look into the Early perforations following ERCP. Hence it explains the Low perforation rate reported in our study. We have included this in Discussion.

2. Considering the low occurrence of perforation in this study, can we conclude that the study has sufficient statistical power to support its findings?

The low perforation was derived after analysis of a large database with data from a total of 14,153 ERCPs. We compared the findings between perforation vs. non perforation cases, thus we believe the study has sufficient statistical power to support its findings.

3. The authors mentioned in the discussion that the prolonged duration of the procedure and sphincterotomy were factors linked to perforation in this study. However, there is no statistical analysis supporting sphincterotomy as a risk factor in this manuscript. The authors only included age category, endoscopist ERCP volume quartile, fluoroscopy time, and total procedure time in the multivariate regression analysis. They concluded that only prolonged total procedural time among the parameters studied is associated with perforations.

Since CORI-NED does not give the specific type of perforation encountered during the ERCP procedure, we could not separately analyse the effect of sphincterotomy in our study. We have mentioned this as a limitation and made changes in the discussion.