Comments (C) of the reviewers in bold   and replies (R) from authors.

<u>**Reviewer 1:**</u>

General: C) English should be verified by a native speaker. There are several typographical and grammar errors.

- (R)The   typographical/grammatical errors have been corrected.

- **(C)Stick to PD for the entire manuscript not "PD's". Moreover, once the abbreviation has been explained, you should always use PD and not write pancreaticoduodenectomy (for example page 5 in the results).**

- (R)PD's and pancreaticoduodenectomy   has been   replaced by PD.

- **(C)I would always use XX et al. instead of "and colleagues" or "and associates".**

- (R)"and colleagues" has been replaced by "et al'.

- **(C)In the methods you mention that readmission rates were collected and in the discussion you mention that it was not done. This should be corrected.**

- (R)The re admission rate has been corrected accordingly in the discussion.

- **(C)Did you change anything during the study period regarding the perioperative management that could also explain the decrease of postoperative complications (like PF and DGE)? Similar policy of nasogastric tube use? Implementation of an enhanced recovery protocol?**

- **(C)Jejunostomies were rarely performed in the more recent group? Was there a change of policy regarding the postoperative nutrition?**

- **(C)I would also discuss more in detail if your institution has evolved during the study period. Changes in the interventional radiology? Adaptation of the hospital when transformed to a high-volume center? Increase of the human or financial resources?**

- (R) Table 3 reflecting the changes which were adopted from time to time during the preoperative period has been added.

Abstract:

- **(C)Typographical errors: add a space before the brackets**

- (R)Typographical errors have been rectified and a space has been provided before brackets .

- **(C) The aim is too vague, you should clarify what effects mean**

- (R)Aim has been described well.

- **(C)The sentence "From 2002…" should be part of the results.**

- (R)This has been adjusted accordingly.

- **(C)The methods should be a bit more described (retrospective collection).**

- (R)The method has been elaborated.

Introduction:

- **(C)The introduction is clear and exposes well the problem. I would just clarify the aim (Analyzing the impact? What is it exactly? Postoperative outcomes? Length of stay?).**

- (R) Aim has been described well.

Methods:

- **(C)Same comment as above: "A total of 200 patients…" is a result.**

- (R)It has been incorporated accordingly.

- **(C)Major complication also includes the grade 3a (intervention under local or loco-regional anesthesia). It should be added in the text.**

- (R)It has been added as advised.

- **(C)What is "n ;" at the end of the first paragraph?**

- (R) 'n' has been deleted.

Results:

- **(C) 27% of complications with 2% of major morbidity for the last 136 patients is really low. Did you take into account every deviation from the normal postoperative course (urinary tract infection, blood transfusion…)?**

- (R)We have categorized them and all have been taken into consideration.

Discussion:

- **(C)The length is a bit too long (4 pages). I would shorten it. We have the impression that a big part of the literature is discussed without connecting to the present study. I would focus more on the results found in this study and then discussed the literature.**

- (R)The length of the discussion has been shortened and rearrangement of the text has been done as was advised.

- **(C)The beginning of the discussion should state the main finding(s) of the study.**

- (R)The main findings of the study have been discussed in the beginning of the relevant section.

- **(C)You should avoid the paragraphs where you just summarize your results without discussing them more in depth.**

- (R)It has been accordingly done.

- **(C)The last sentence of the conclusion seems redundant. I would delete it.**

- (R)The sentence has been deleted.

Tables:

- **(C)If you give the mean + SD, you do not need to give the range.**

- (R)The range has been omitted.

- **(C)The abbreviations should be clarified at the bottom of the tables.**

- (R)Abbreviations have been explained at the bottom of the tables.

- **(C)Table 2: what is cold?**

- (R)It is chronic obstructive lung diseases. This has been accordingly mentioned at the bottom of the table.

Reviewer II

General:

(C)The 200 PD was performed by the same surgeon or the same team? Please describe in the Material and Methods

(R)Yes 200 PD was performed by the same surgeon along with a senior assistant. It has been added in material/methods.

(C)The 200 PD underwent the same perioperative management? If not please add a table and surmised the perioperative management (somatostatin, preoperative jaundice…) of the three groups.

(R)A table reflecting the changes which were adopted from time to time during perioperative period during different phases of the study has been added.

(C)Please describe the pathological features of patients of the three groups.

(R)Gross pathological features have been described in the table provided.

Specific comments:

(C)Page 3 Introduction "Before 1980, PD has been associated with a high rate of morbidity (40-60%) and a high mortality (upto 20%)". Here I think it is better to add one or two references.

(R)Reference has been added.

(C)Page 4 Material and Methods "Patients demographics, surgical parameters and postoperative events progress were recorded and analysed." Please change the patients to patients'.

(R)Patient's has been changed to patients.

(C)Figure 1, there is no legend for y axis and x axis.

(R)In fig 1, legend has been incorporated.

(C)In all table, for example Table 3 Line 2 "Duration of surgery in minutes" what is the meaning of P value. It is for all three groups (Low volume vs. Medium volume vs. High volume) or only for any two groups (Low volume vs. High volume or Low volume vs. Medium volume). If it is only for all three groups, please recalculate the P value for any two groups.

(R)It is a interesting question and sure demands a clarification; as for the routine binary comparisons our study has three groups and we used ANOVA to find the significance between groups, post-hoc analysis was performed to study particularly which group differed significantly. As for as the duration of surgery is concerned there was a significant difference between low volume group and high volume group with a p value of <0.001 and a p value of 0.010 for medium volume and high volume groups.

(C)Table 2, add the unit of BMI

(R)The unit of BMI has been added