

## **Responses to the Reviewers' Comments**

### **Reviewer 1**

**Comment 1:** Congratulations for describing new innovative approach for prevention of post operative pancreatic fistula. One requires to study if there is any harmful effect of diversion of pancreatic juices into the stomach, though majority of the pancreatic flow will be into the duodenum. One needs to study more cases as leakage of anastomosis between stomach and pancreas can be dangerous.

#### **Response:**

Invagination of the pancreatic stump inside the stomach has been conducted for a long time during pancreatoduodenectomy (PD). Therefore, it can be concluded that diverting the pancreatic fluid to the stomach is not harmful. We have included references to support this conclusion, and we have revised the Discussion section accordingly (pages 12, lines 16-18).

Any leakage due to pancreatic-gastric anastomosis will result in a serious condition. However, this has not been reported yet in patients who have undergone PD. This is why we are confident in using this technique for distal pancreatectomy as well.

## **Reviewer 2**

**Comment 1:** Page 6, line4-5; The authors described that “the left adrenal gland was resected from the pancreas”. Did authors removed pancreas with the left adrenal gland or preserve the left adrenal gland? 2. I think this procedure cannot be always performed on the distal pancreatectomy. This procedure can be performed on the limited patients. The authors should refer to this limitation in detail. This new method can be an effective procedure “in some cases” with distal pancreatectomy.

### **Response:**

Thank you for your comments; we have addressed your two concerns below.

1. We resected the adrenal gland from the pancreas so we could leave it intact. Thus, we have revised the text in the manuscript as follows (page 7, lines 23-24): “Next, the left adrenal gland was resected from the pancreas and preserved intact.”
2. We agree with you that the procedure is not applicable to all cases of distal pancreatectomy, so we have revised the Discussion section to address the limitations of our study (page 12, lines 10-19).

**Reviewer 3**

**Comment 1:** 'see minor comment'.

**Response:** We do not see any comments from you. Please clarify your minor comment, and we will be happy to address it.

**Reviewer 4**

**Comment 1:** No comments from reviewer

**Response:** Thank you for reviewing our manuscript.