Dear Editor in chief,

We appreciate all comments and corrections suggested by both Reviewers. We made adjustments in the manuscript and attached a new version of the document. Please, find below the answers point-by-point on the questions from the Reviewers:

Reviewer 1:

1. The manuscript is not well-written and needs support from a native speaker.

We appreciate your comments. We sent the manuscript for review by a native English speaker and attached the document.

2. Was incidence of post-ERC-pancreatitis documented beyond 24 hours, especially pancreatitis may develop after 2-3 days.

- **All patients stayed in the Hospital for 24 hours due to logistics issues. Asymptomatic patients without laboratorial or radiological signs of pancreatitis or other complications were discharged after 24 hours and contacted by phone call 36 and 48 hours after discharge to ensure there were no symptoms. Any symptomatic patient would be referred to the hospital for clinical and laboratorial assessment, but in our study no patient needed to be readmitted. We added this information to the manuscript in the Methods section.**

3. Was increased BMI a risk factor for pancreatitis ?

- **BMI was not included in the protocol assessment and analysis of this study.**

4. How was the management of post-interventional complications ?

- All complications were managed with multidisciplinary approach and according to international guidelines at consensus between Endoscopist and Surgeon. We added this information to the manuscript in the Methods section.

5. Which patients were treated with antibiotics ?

- **Patients that presented ascending cholangitis or suspected endocarditis would be treated with antibiotics. However, none of our patients had these conditions in this study.**

6. Prior to endoscopy which patients were treated with NSAR to decrease severity of pancreatitis.

- Indomethacin for rectal administration is not approved by the Brazilian National Health Surveillance Agency. Therefore, no patient received this medication.

Reviewer 2:

1. Please descript a history of PF technique and indication of your paitnets, because it need a enough space of papilla for the procedure of PF.

- The PF was first described by Osnes (coloque o ano) after an impacted stoned in the ampulla of Vater created a natural fistula. PF is an alternative access that should be used in cases of failed conventional cannulation. The procedure depends on the access of the distal CBD and it does not bring up relation directly with the size of the papilla.

2. The indications of patients for this study? The information of CBD stone was not clear such as page 8 and table 4.

We included patients with common bile duct stones diagnosed by ultrasound, CT, MRI or intraoperative cholangiography. However, some patients did not have stones in CBD during ERCP, probably due to the long period between diagnosis and ERCP procedure. We have made adjustments in the Methods and Discussion sections to make this information clearer.

3.The changes of enzymes will be effected by the duration of the procedure and extraction of the stones.

We appreciate your comments on that matter.

4. The format of a scientific paper need to be revised such as the section of the "results" and a focus in each paragraph of the section "discussion".

We have settled a new approach according to your comment above.