

First of all, thanks to the all reviewers for their careful comments. We answer one by one according to the comments.

First reviewer:

There are numerous reviews and meta-analyses regarding the different reconstruction techniques after pancreatic head resection. This paper does not deliver new insights into this Topic.

Answer: There are indeed quite lots of literatures on this subject. However, in our study we analyzed the RCT studies and combined our group's experience of pancreatic-digestive tract anastomosis. We hope this study can provide some advice for clinical practice.

Second reviewer:

A well constructed and reported study.

Answer: Thanks to this reviewer, and hope this study can provide some advice for clinical practice.

Third reviewer:

This review is on comparison of PG and PJ, which is in issue for a long time. The manuscript is well written and informative. Authors describe that the incidence of postoperative hemorrhage is lower in PJ than PG. It is well known that pancreatic fistula causes intraabdominal hemorrhage. Though grade B and C PF was not significantly different between two groups, PF is generally prone to be lower in PG. Our concern is what kind of bleeding occur in PG. My personal concern is the difference of long term complication, mainly nutritious status, between PJ and PG.

Answer: Postoperative bleeding in PG is partly gastrointestinal bleeding and partly intraabdominal bleeding. The incidence of gastrointestinal bleeding is higher in PG from our own patients. Current RCT studies on long term complication, such as nutritious status, pay less attention to this aspect, so we cannot draw a conclusion through meta analysis at present. And long term complication will be the direction of future research.