

## Answering Reviewers

**Reviewer ID: 05117826**

The use of EVT may be one of the alternatives to prevent anastomosis dehiscence. However, compared to other methods of anastomosis protection, EVT is a more invasive procedure and therefore has a higher risk of possible complications. Therefore, I have a few questions.

**Dear reviewer, we would like to thank you for the time spent reviewing our manuscript and for the compliments made. Thank you very much!**

1. Can you describe the possible complications related to EVT, e.g. difficulty in removing the EVT dressing, mucosal bleeding and the possibility of anastomosis rupture during the removal of the drain. Do you think that 125mmHg pressure is not too high for the intestinal mucosa (risk of ischemia).

**Thanks for the suggestion, we've included the requested description:**

**Regarding complications, a recent systematic review with meta-analysis, published by do Monte Junior et al (DOI: 10.1055/s-0040-1704111) demonstrated bleeding, stricture, and difficulty in removing as the main adverse events. Instead of another adverse event, difficulty in removing the system only happens in one patient. Considering that the preemptive vacuum therapy system remains in the anastomosis for no longer than three days, and the novel system has no sponge, the risk of those complications is small. Although, they may exist. Neumann et al (PMID: 28107761) performed preemptive vacuum therapy for the treatment of anastomotic ischemia after esophageal resections. Using continuous suction of 125 mmHg, complete mucosal recovery was achieved in 75% of cases. Thus, ischemia caused by this regimen of negative pressure is improbable.**

2. Can you show a photo of the EVT dressing before putting it on. Why didn't you use polyvinyl alcohol foam or PUR foam with drape? Do you have a picture of intraoperative introduction of EVT.

**Thanks for the suggestion. Polyvinyl alcohol foam and polyurethane foam are alternatives to produce the system. However, gauze is as safe as effective as these materials, and cheaper.**

3. Currently, various techniques are used to minimize the risk of anastomosis dehiscence, including assessment of bowel perfusion (Indocyanine green-enhanced fluorescence), Tachosil, fibrin glue coated collagen patch. Do the risk factors such as age, malignancy, fat-substituted pancreas, pancreatic duct size <3 mm, intraoperative transfusion, and preoperative malnutrition justify the use of EVT. Can you tell why EVT has an advantage over other prevention methods.

**Various techniques are used to minimize the risk of anastomosis dehiscence, including fibrin sealant and fibrin glue coated collagen patch. The first advantage of preemptive vacuum therapy is that it allows enteral feeding while reducing the risk of leak and fistulas. Facing the modified vacuum system, a preemptive vacuum is a feasible and cost-effective method for preventing those circumstances. Besides that, recent studies demonstrated that fibrin sealant patches had no significant effect on the rate of postoperative pancreatic fistula (PMIDS: 31502003; 26681272; 26160762)**

4. I also suggest to remove Figure 2 because it does not bring key data

**Thanks for the suggestion. We replace figure 2 with an image of the modified endoscopic vacuum system.**

*Dear reviewer, we hope that we have answered all your questions and hope that your new analysis is positive. We look forward to your response, and we are available for any further questions.*