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Dear editor

We would like to thank the reviewers for their valuable suggestions. Our manuscript has been revised based on every comment from the reviewers (see the next pages for details). We have also asked Editage colleagues of native English speakers to proof read the manuscript and they have already gave us the certification of English editing. We sincerely hope that the paper is now suitable for publication on *World Journal of Gastrointestinal Surgery*. If you have any questions, do not hesitate to contact me.

Regards,

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Reviewer 1

Comment:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: I have read with great interest the subject titled: Comparison of the safety, efficacy, and long-term follow-up between the “One-step” and “Step-up” approaches for treating infected pancreatic necrosis. Study design was great, methodology was systematic and findings were excellent. The authors concluded: Compared with the “Step-up” approach, the “One-step” approach is a safe and effective treatment method, with better long-term quality of life and prognosis. It also provides an alternative surgical treatment strategy for patients with infected pancreatic necrosis. In my opinion this will open new horizons in the management of infected pancreatic necrosis and also would draw lots of attention from HPB surgeons and physicians.

Reply: Reviewer give me a high priority and do not need to revised.

Changes in the text: No need to change in the text.

Reviewer 2

Comment:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: Overall, a very interesting and well written paper. For me the biggest unanswered question that is not well addresses is the selection criteria for "one step" and "step up" procedures. In a very essence it is advocating the well somehow "old school" established debridement technique and strategy. If the patient selection part is better cristalyzed, then it is of interest to the reader. Step up strategy allows selection of patients who need surgery, while one step approach leads to immediate invasive surgical treatment - that's a disadvantage.

Reply: We have revised the text as advised (See Page 6, Line 121-131 and Page 21, Line 454-467 and Page 22, Line 468-469)

Changes in the text:

1) In addition, due to individual differences among IPN patients, the degree of necrosis and liquefaction of pancreatic tissue vary. Therefore, when some IPN patients with “dry” necrosis undergo “Step-up” treatment, the poor drainage effect of PCD often leads to insignificant relief of infection and poisoning symptoms, and there remains a need to remove necrotic tissue. This not only increases the surgical trauma and medical burden on the patient, but may also delay the patient’s optimal treatment time, which is not conducive to recovery. Therefore, it remains unclear whether the “Step-up” strategy is suitable for all patients with IPN. Based on this, we have developed and applied the “One-step” surgical approach to treat IPN. This approach involves direct minimally invasive debridement, instead of PCD. **(Page 6, Line 121-131)**

2) In summary, the author believes that the indication for the “One-step” approach is the lesion area is mainly involved in the peripancreatic or peripancreatic involving the posterior colonic space. The patient’s general condition is stable and can tolerate minimally invasive surgery. The advantages of this procedure are: 1) the lesions on the pancreatic head, and pancreatic body and tail can be treated simultaneously; 2) laparoscopy has broad field of vision, strong ability to remove necrotic tissue, and can be used to control intraoperative bleeding by a variety of means; 3) this procedure has little interference with laparoscopy and is helpful to the rapid recovery of digestive tract function; 4) the anatomical position is clear and the localization is more accurate; 5) this procedure avoids PCD treatment and helps to shorten the length of hospital stay. The disadvantage is that there is the possibility of stomach and colon injury. For non-low drainage, negative pressure suction should be carried out in the early postoperative period to maintain the drainage effect. Meanwhile, there is a risk of long-term incisional hernia. In addition to the

above-mentioned condition, the “Step-up” approach can be applicable for IPN patients in other conditions. **(Page 21, Line 454-467 and Page 22, Line 468-469)**