

*Reviewed by 00071777*

Thank you for the opportunity to review this paper.

Overall, this work describes a current review of the endoscopic management of pancreatic fluid collections.

Acute peri-pancreatic collections do not require therapy. Symptomatic pseudocysts are managed primarily with endoscopic techniques. Sterile necrosis does not require therapy except in the rare case of a collection that obstructs a nearby viscus. In case of necrosis infection, delayed intervention for at least 4 weeks is possible in most patient whose condition remains reasonably stable.

I have a few suggestions:

The excess of abbreviations in the text makes de reading sometimes difficult to understand. You should add an abbreviations list and review its first appearance in the text (LAMS, FCSEMS,...).

Reply- We thank the reviewers for valuable suggestions. We have added one page describing all the abbreviations and reduced few of them.

You stated: “Another study comparing FCSEMS with LAMS, reported that although clinical outcomes were similar in both the groups, significantly fewer interventions were required in LAMS group.” and “In the only randomized study (50 patients), Lee BU et al concluded that both FCSEMS and plastic stents have equal efficacy for PFC”, with no references.

Response – We apologize for the missing references and now in the revised manuscript have included the same.

The step-up approach consists of antibiotic administration, percutaneous drainage as needed and, after several weeks, minimally invasive debridement (endoscopic, laparoscopic, retroperitoneal) if required. This approach is superior to traditional open necrosectomy. This issue should be made clearer.

Response – We have mentioned regarding the endoscopic step up approach which includes drainage with stent, followed by naso-cystic tube placement followed by de-clogging of metal stent and finally endoscopic necrosectomy in non-responders, in that order. The reviewer rightly pointed out that the overall step-up approach (antibiotic administration, percutaneous drainage as needed and, after several weeks, minimally invasive debridement) should also be mentioned. To clarify and differentiate it from the endoscopic step-up approach, we have included the same in the manuscript.

Some grammatical and syntax errors should be corrected.

Response – We have again scrutinized the manuscript for rectifying the grammatical and syntax errors.

***Reviewed by 00044945***

The authors are commended for this nice narrative review on the endoscopic management of pancreatic cyst fluid collection. Minor changes are required before publication: - correct "systemic review" by "systematic review" throughout the text" - correct "Siddique" by "Siddiqui" throughout the text.

Response- We thank the reviewer for encouraging words regarding our manuscript. We have rectified the errors as highlighted by the reviewer.