

Reviewer #1:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** I read and reviewed the manuscript Value of Neutrophil-lymphocyte ratio in evaluating response to percutaneous catheter drainage in patients with acute pancreatitis with great interest, my findings and conclusion are outlined below. The authors statements regarding the inexpensive and easily obtained WBC are legitimate however the manuscript leaves the reader with the difficult job of clinically correlating the lab findings and the patient outcomes. The baseline characteristics of the study population would benefit from a significant expansion including but not limited to clearly stating the etiology of pancreatitis as well as providing details regarding the subjects baseline health. The treatment protocol states that "All patients were managed initially with fluid resuscitation, pain alleviation, oxygen support, organ system support, and nutritional support (enteral or parenteral) according to standard recommendations" further details regarding patients treatments and perhaps explicitly stating if the patients received anti-inflammatory medications such as steroids for treatment of co-morbid conditions would purify the study results and decrease confounding factors.

**Author response:**

Thank you very much for your insightful comments. The point-by-point responses to your valuable comments are given below.

1. As suggested, we have expanded the baseline characteristics: the etiology of pancreatitis, co-morbidities (and obesity), mechanical ventilation, ERCP, extrapancreatic infections.
2. As per our unit's protocol, the pain alleviation in acute pancreatitis is done using opioids (including tramadol and fentanyl).
3. As your comments are quite significant in context of confounding the results of our study, we have added some of these in the limitations sections.

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** I read with great interest this article titled: Value of Neutrophil-lymphocyte ratio in evaluating response to percutaneous catheter drainage in patients with acute pancreatitis. The original findings of this manuscript aimed to use the NLR as a clinical predictor of the outcome in patients with NP/INP secondary to acute pancreatitis (AP) which is new hypothesis and may add great deal of clinical value should it be used in the future, however, no strong clinical evidence yet available to support this approach. In this study, the authors have clearly demonstrated the inclusion and exclusion criteria, however, important aspects are missing such as the primary cause of acute pancreatitis as this would play an important role in predicating the outcome and management as well as it will affect the biochemical markers which have been used in this study such as Neutrophile or WBC. To be more specific, patients with acute autoimmune pancreatitis, what medications have then been on before going into NP (steroids, Azathioprine may affect the NLR) also, patients with biliary pancreatitis, have they undergone ERCP?! etc. The study has partially addressed the organ failure OF as well as the use of Antibiotics which are both commonly seen in AP/NP. Patients who required ITU admission or organ support due to secondary infection e.g., pneumonia, cholecystitis or general sepsis, have they been included in the study or not (this has not been adequately addressed, as the use of antibiotics again may alter the NRL as well as WBC which is the core of this study) Although, the study has shed a light on new tool in the clinical practice, yet this can not be used as suggested by the author, however, in the recent future I would expect more clinical studies may confirm the findings of this study with more adequate assessments. My recommendations for the authors are as follow: -Need to address the causes of acute pancreatitis been studied and included in this study. If patients have been on steroids or antibiotics before considering the drains or not and if any patient had undergone any

other intervention such as ERCP or mechanical ventilator. -Authors need to address the point of superadded infections and how have they can reassure the readers that the use of NRL would specifically be acceptable to monitor the drain only rather than the ongoing inflammatory response. Overall, they study will add clinical value and new clinical prospective yet will be of limited use if not adequately addressed.

### **Author Response**

Thank you very much for your insightful comments. The point-by-point responses to your valuable comments are given below.

1. As suggested, we have added the causes of acute pancreatitis in the baseline characteristics sections. We excluded patients with autoimmune pancreatitis or patients who had hematological disorders, cancers, or on steroids.
2. As per the unit's policy, all patients receive antibiotics at the time of PCD. This is elaborated in the revised manuscript.
3. We have added the data regarding the ERCP and mechanical ventilation to the revised manuscript.
4. Thank you very much for your point on the effect of superadded infections as confounder. In this regard, we must admit that we did not explicitly record the data beyond the three days period during which we recorded the TLC and NLR. We have highlighted this in the limitations section.