Dear editor,

Thank you so much for your letter on 8th April, 2019, with the reviewers' constructive comments concerning our manuscript. We did appreciate your amazingly high efficiency, prompt response, and kindly extension for this revision. And it is a great honor for us to have the opportunity to make revise. We have added necessary information in red according to your annotations, studied the comments carefully, and made corrections accordingly. The point-to-point reply to reviewers' comments is listed here and changes made in the manuscript were in red and blue color (Revisions Mode). Thank you very much!

And dear reviewers,

We are really indebted to your insightful comments and constructive suggestions. We have changed our manuscript and added necessary information. Thank you for your wise suggestion and helpful correction!

Menghua Dai MD

**Reviewer's Responses to Comments:**

**Reviewer 1 (03471269)**

I have to questions. - Six experienced surgeons were involved, and all of them performed both techniques. Could the authors explain why surgeons did one or another anastomosis? - Did surgeons, in any case, inserted a wirsung tutor in place?

Response: Thank you for your kind comments! Surgeons in our study chose PJ method according to their own experiences and habits. The diameter of the main pancreatic duct, the texture of the pancreas, the intraperitoneal inflammatory response, and other situations would all be taken into consideration. We calculated and analyzed the cases of each anastomosis for

each surgeon, and there were no statistically significant differences. Thus, surgeons would not be an influential factor in our study.

Besides, whether surgeons insert a wirsung tutor or not is depending on the diameter of the main pancreatic duct. Mostly, a wirsung stent would be used when the diameter of the wirsung duct was less than 3-4 mm. Necessary information was added in page 8, 9 and table 2. Thank you!

**Reviewer 2 (03477516)**

Thank you for sending your manuscript. This manuscript was "Effect of Blumgart Anastomosis in Reducing the Incidence Rate of Postoperative Pancreatic Fistula in Pancreatoduodenectomy". This manuscript had several problems. However, I wonder you should revise some parts of it

1, This manuscript had no ethical conduct. You should reveal this point.

2, In methods, you described only your anastomosis of pancreaticoduodenectomy. What did you undergo your reconstruction? Two groups were different on reconstruction?

3, In methods, how did you select these two anastomotic methods? These two methods were historical control? If these methods were historical control, the differences of two groups had some problems. You should explain these problems.

4, In discussion, you should consider the merits and demerits of your Blumgart method. Why did you discuss them? Please try to consider again. Thank you.

Response: Thank you for your wise comments!

1. This study was reviewed and approved by the Institutional Review Board in our hospital. The PDF version has been uploaded to the system. Necessary description was added in page 7.

2. The methods of tumor resection and two steps of digestive tract reconstruction (choledochojejunostomy and gastrojejunostomy) in PD in our study were the same. That's why we could simply discuss the different

methods of PJ in this article. The detailed description and discussion of the two methods of PJ was in page 11-12. We descripted, compared, discussed, and explained these two methods of PJ, to find out their relationships and benefits in reducing POPF.

3. These two methods of PJ were not historical control in this observational study. The choice of the methods of PJ was made by surgeons themselves, according to their own experiences and habits. There were no significant differences between the cases of each anastomosis operated by each surgeon (page 8). We just collected and analyzed these data, to show the benefits of Blumgart anastomosis compared to traditional embedded anastomosis.

4. Thank you for mentioning that! We have added this discussion in page 12-13.

Thank you very much!

**Reviewer 3 (02544751)**

Recension of manuscript No. 47325: „Effect of Blumgart Anastomosis in Reducing the Incidence Rate of Postoperative Pancreatic Fistula in Pancreatoduodenectomy written by Yatong Li, Hanyu Zhang, Cheng Xing, Cheng Ding, Wenming Wu, Quan Liao, Taiping Zhang, Yupei Zhao, Menghua Dai“, which will be published in World Journal of Gastroenterology.

The structure of manuscript is in keeping with the common required criteria. The topic of the work is very actual, because pancreatic fistula is one of the most serious complications after pancreatoduodenectomy for treating any lesions at the pancreatic head. The authors in a retrospective analysis of 291 patients with pancreatoduodenectomy, including Blumgart anastomosis (201 patients) and traditional embedded pancreaticojejunostomy (90 patients) investigated postoperative complications especially pancreatic fistula. Work is clearly legible, brings summarizes new knowledge. The results are documented in graphs that present the review of the obtained data. The

citations are actual and their format respect usual standards. The conclusion reflects the author´s results and these can be accepted. I recommend the manuscript to be published.

Response: Thank you very much! Your comments give us confidence to keep devoting ourselves to find better treatments for pancreatic diseases.

**Reviewer 4 (03252939)**

The main aim of this study is a hot topic in pancreatic surgery. On the other hand, is a very discussed topic and it is not easy to accept a retrospective study in this field. However, comparing with other studies this study includes more patients which at least would be useful for revision or meta-analysis papers.

-To accept this, it should be clearly stated and supported in a very good introduction with very good selected references, where should state what was already done till our days to clearly define the gap knowledge.

-Methods and results should be revised to be summarized and be more objective.

-Results should mainly focus on outcomes described in methods in a topic fashion way. Why the experienced surgeons choose each type of anastomosis in each patient since wirsung and other intra-operative data were similar between groups?

-Discussion should answer to the question/gap knowledge: is this study good enough to answer the question "is Blumgart anastomosis" better? or useful?

-What is the next step to find an answer? Should I change my surgical technique with this results? Attached I send the manuscript with some comments to authors.

Response: Thank you for your comments. Changes have been made in Introduction section (page 5-6). Since there were no prospective randomized controlled trials related to this topic, we collected and analyzed our data, wrote this article, to get the evidences and a better preparation for the

prospective study in our hospital, and to fill the gap in the methods choice of PJ procedure in PD. Furthermore, we thought the existing risk calculator of POPF was simple (page 5, 13-14), the surgical methods should be taken into consideration at least. We hoped that our study could promoted not only the Blumgart anastomosis, but also the improvement of the prediction of POPF in clinical practice.

Thank you very much, changes are made in Methods and Results section to make it more objective (page 6-10). PPPD was excluded because not all of the six surgeons performed it. The data may have bias if we analyzed it together. Besides, since different surgeons from different hospitals had different surgical skills, the patients with a history of surgical treatment of any upper abdominal lesions, such as cholecystectomy, before the current hospital admission may have an uncanny adhesion. To make things clear and simply focus on the Blumgart anastomosis and traditional embedded anastomosis, we excluded these patients.

Surgeons in our study chose PJ method according to their own experiences and habits. The diameter of the main pancreatic duct, the texture of the pancreas, the intraperitoneal inflammatory response, and other situations would all be taken into consideration. We calculated and analyzed the cases of each anastomosis for each surgeon, and there were no statistically significant differences (page 8). Thus, surgeons would not be an influential factor in our study.

More analysis and discussion of Blumgart anastomosis were added in page 12-13. Thank you very much!

The next step to promote Blumgart anastomosis and improve the prediction of POPF was prospective randomized controlled studies (page 14). In our hospital, this study is on-going. We will keep trying and doing, to improve the prevention of POPF after PD, and to reduce the postoperative complications of pancreatic surgery.

Thank you very much for you wise comments and detailed edits. We really learned a lot! Thank you!