

ANSWERING REVIEWERS:

Reviewer#1:

ScientificQuality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is a potentially interesting letter to the editor proposing PIBs to predict complications after PD using preoperative variables. Herein, authors assessed PIBs as simple, cheap and valuable tools for predicting postoperative complications after PD. They provided in predicting the risk of complications after PD and promoting early interventions to reduce postoperative morbidity. However, ERCP and biliary drainage history of the patient study group are more significant in contrast to CRP in role of predicting complications after PD. In hence, it may lack sufficiency to evaluate only preoperative systemic inflammatory biomarkers to predict postoperative complications after PD. The predictive value with combination of imaging parameters may increase to guide the estimation of postoperative morbidity and management. I recommend this letter to be published on World Journal of Gastrointestinal Surgery. Overall, this is a well written and clearly presented submission, but there are still some concerns about this manuscript:

1. Is it possible to use a unified and quantifiable score by assigning points to each factor related to complications after PD to comprehensively evaluate patients before PD? After all, too many factors are relative to prognosis about PD. A prospective verification in multi-center, larger samples was preferred in future work.
2. PIBs usually changed before PD due to internal homeostasis. If dynamic monitoring is not carried out, the value of these clinical indicators will be further weakened. In addition, PIBs are easily affected by preoperative treatment. Therefore, dynamic monitoring of preoperative clinical indicators should be mentioned in this letter.

We thank you for accepting to review our article and for your valuable comments.

We hope that you find our "Letter to the Editor" suitable for publication in World Journal of Gastrointestinal Surgery.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: It a good informative statement and needs to be widely disseminated.

We thank you for accepting to review our article and for your valuable comments. We hope that you find our "Letter to the Editor" suitable for publication in World Journal of Gastrointestinal Surgery. Our manuscript has supplementary files for the Non-Native Speakers of English Editing Certificate which is Grade A: priority publishing; no language polishing required after editing.