

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: General : The term " omental pad " is not so acceptable in the current literature. Instead, I would use " omental interposition" , via the manuscript. Abstract: the groups should be briefly described, ex. "the patients were divided into two groups..." omental group (127, 64.8%) and a control group ("control group" in a scientific experiment is a group separated from the rest of the experiment, where the independent variable being tested cannot influence the results. In your study there are two study groups A with omental interposition and B without. Introduction: The abdominal irrigation to wash out of amylase rich fluid is not a standard practice in western institutions. This method may provoke criticism from the audience not familiar with this method. Please provide references, your national standards, institutional practices. The broad statement "According to our experience..." is not welcomed anymore in academic circles. Personally, I do acknowledge your experience and commend your work, but the abdominal washout you routinely perform should be explained in more details). "Extubation" – is not a suitable word for a drain removal. Please, replace with "removed"

Reply:

Thank you very much for your helpful comments. We totally agree with you and have tried to comply with your suggestion.

1. We replaced "omental pad" with "omental interposition"
2. We added a brief description of the groups in Abstract:" According to whether the omental interposition was applied, the patients were divided into 2 groups: the omental interposition group and the non-omental interposition group. Moreover, we replaced "the control group" with "non-omental interposition group".
3. There is no national standard for abdominal irrigation. In our center, if the drain fluid amylase obtained on postoperative day 1 exceeded 2000U/L, double-tube continuous irrigation was used. A total of 3000 ml normal saline was irrigated continuously every day. The suction pressure was set with low-pressure suction between 20 and 30cm water. The use of irrigation was stopped when the amylase level of the dilution fluid was lower than 30U/L.
4. We replaced "extubation" with "the drain tubes were removed"

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The topic of your original article is very interesting and very important to reduce severe complications after pancreaticoduodenectomy and particularly delayed postpancreatectomy hemorrhage. I have some comments and questions. 1/Is this study an observational study or "a case-control study"? You compare the omental pad group to a control group and you perform a propensity score analysis but the number of cases in the "omental group" is twice as high to the "control group" which is the reverse of classical methodology (1/1 or 1/2). Furthermore in the statistical analysis, you describe a matching 1:1 ratio but how is it possible with the difference of number of patients in the two groups? 2/ In the surgical technique, you describe a "duct to mucosa" end-to-side reconstruction: was that possible in all procedures, even if the main pancreatic duct was inferior to 3 mm? I understood that gastrojejunostomy was antecolic: is that right? 3/In the surgical technique, What was the type of drainage tube: suction drain or not? and was the same at left and right? 4/In the surgical technique, you specify that all patients underwent routine postoperative CT scan before extubation: does that mean that patients are ventilated several days after operation? 5/ In the results, how did you manage the 9 patients with PPH: embolisation?; stenting?; reoperation? 6/ One of the specificities of your technique is to elevate the position of HJ anastomosis to ease the pancreatic juice to flow to the left: In my experience, the HJ anastomosis is always lower than PJ anastomosis so the omental pad behind the HJ anastomosis must be very thick: could you precise how you do that?

Reply:

Thank you very much for your helpful comments. It is my pleasure to answer your question.

- 1、 Our study should be a case-control study. We have been using omental interposition since June 2016. And the omental interposition technology has been used in almost all surgeries since then. So in the collected data between January 2015 and December 2019, the number of cases in the "omental group" is much more than that in the "non-omental group". The PSM matching 1:1 ratio was conducted by using SPSS 23.0.
- 2、 The gastrojejunostomy was antecolic. We perform an end to side reconstruction in all procedures, and we will place a pancreatic duct drainage tube. The detailed steps are as follows:
 - 1) Prepare the pancreatic juice drainage tube. Measure the diameter of the pancreatic duct in the pancreatic body according to the results of preoperative CT and MR examinations, prepare a pancreatic juice drainage tube that matches the diameter of the pancreatic duct, about 15 cm in length, cut 2 to 3 side holes at the insertion end, and cut the insertion end into a bevel. We also use vein detained needle for the pancreatic duct inferior to 3mm.

- 2) Fix the pancreatic juice drainage tube with single-stitch. After finding the pancreatic duct, insert the pancreatic juice drainage tube into 3-5cm, and use 4-0 PDS to fix it.
- 3) Suture of seromuscular layer of pancreas and jejunum. Use 3-0 prolene to suture “8” through the seromuscular layer of pancreas and jejunum, cut off the needle, tie a knot. Use 3-0 prolene to suture through pancreas and jejunum seromuscular layer, cut off the needle.
- 4) Purse suture of jejunal incision. Cut a small hole in the jejunum corresponding to the pancreatic duct. After the purse suture with 4-0 Vijo thread, the other end of the pancreatic juice drainage tube was placed into the distal end of the jejunal loop, close the stump of the jejunum and pancreas, and the purse suture was tightened to tie the knot.
- 5) Suture of seromuscular layer of pancreas and jejunum. Use 3-0 prolene to suture through pancreas and jejunum seromuscular layer, cut off the needle. Use 3-0 prolene suture “8” through pancreas and jejunum seromuscular layer, cut off the needle, tie a knot.
- 3、 Two double catheterization cannulas were placed at the PJ and HJ site respectively. Both sides were the same.
- 4、 We used a wrong word. Our original intention was to remove the drainage tube.
- 5、 In patients with PPH, 6 underwent reoperations and 3 underwent embolization.
- 6、 The omental interposition do not have to be very thick. the omental interposition can fill the potential cavity around the HJ site and elevate the HJ site, ensures that no fluid accumulates around the HJ site.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: I thank author for this manuscript I think this is decent manuscript and should be accepted. Omental pad seems to be beneficial and should be explored further

Reply:

Thank you very much for your recognition.

Science editor:

The authors described that a greater omentum pad can reduce the incidence of pancreatic fistula (POPF) after pancreaticoduodenectomy (PD). The manuscript is well, concisely, and coherently organized and presented and the style. Nevertheless, there are a number of points that may deserve some revisions. 1. It is unacceptable to have more than 3 references from the same journal. To resolve this issue and move forward in the peer-review/publication process, please revise your reference list accordingly. 2. In the Abstract: why is BACKGROUND missing?

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

Reply:

Thank you very much for your comments. The BACKGROUND in the Abstract has already been added.