

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: I thank the Editors for the opportunity to review this interesting paper. Weissman and colleagues wrote a review on post-ERCP pancreatitis and best prevention practices for this disease. The paper is fairly written, and clear, and results are supported by study findings. However, there are some issues that should be addressed: - APPROACH TO DIAGNOSIS PEP: I do not agree with authors on this point. Although consensus criteria has long been used for post ERCP pancreatitis diagnosis, there is evidence that revised atlanta criteria are superior for risk stratification and prognosis. See for instance Smeets X, Bouhouch N, Buxbaum J, Zhang H, Cho J, Verdonk RC, Römkens T, Venneman NG, Kats I, Vrolijk JM, Hemmink G, Otten A, Tan A, Elmunzer BJ, Cotton PB, Drenth J, van Geenen E. The revised Atlanta criteria more accurately reflect severity of post-ERCP pancreatitis compared to the consensus criteria. United European Gastroenterol J. 2019 May;7(4):557-564.).

Authors' response: We thank the reviewer for the interest and enthusiasm in reading this review and are pleased that it was found to be clearly written and of importance. We agree that the revised Atlanta criteria may be more accurate in reflecting severity of post-ERCP pancreatitis and as such have included this amendment in the revised version of the manuscript.

The review is very short and do not comprise some relevant points in this field 1) Increasing AGE of population affected by acute pancreatitis is indeed one on the biggest challenge for present and next years. Acute pancreatitis in elderly and very elderly could present differently and have different outcomes. Older Age is a risk factor for post ERCP pancreatitis. Authors should elaborate this point. See for instance: Quero G, Covino M, Fiorillo C, Rosa F, Menghi R, Simeoni B, Potenza A, Ojetti V, Alfieri S, Franceschi F. Acute pancreatitis in elderly patients: a single-center retrospective evaluation of clinical outcomes. Scand J Gastroenterol. 2019 Apr;54(4):492-498; Deutsch L, Matalon S, Phillips A, Leshno M, Shibolet O, Santo E. Older age, longer procedures and tandem endoscopic-ultrasound as risk factors for post-endoscopic retrograde cholangiopancreatography bacteremia. World J Gastroenterol. 2020 Nov 7;26(41):6402-6413.

Authors' response: Age with regards to PEP risk is indeed a point worth mentioning. While controversy surrounds age as a risk factor for PEP, we agree that acute pancreatitis in the elderly population could present differently and even be

associated with different outcomes. As such we have elaborated our discussion in this regard in the revised version of the manuscript.

2) The higher age of treated patients increased multi-morbidity and poli-therapy, with particular regards of anti-platelet and anti-coagulants agents. This argument, as well as post-ERCP bleeding and resume of therapy should be discussed by authors. See for instance: Paik WH, Lee SH, Ahn DW, Jeong JB, Kang JW, Son JH, Ryu JK, Kim YT. Optimal time of resuming anticoagulant after endoscopic sphincterotomy in patients at risk for thromboembolism: a retrospective cohort study. Surg Endosc. 2018 Sep;32(9):3902-3908.

Authors' response: The inclusion of post-ERCP bleeding has been a matter of discussion amongst the authors. Ultimately we decided not to include, although interesting and relevant, as it is beyond the scope of our mini-review. It might be a subject that merits its own separate mini-review.

3) At the same time Pediatric age is not covered among the treated arguments. Indeed, advances in endoscopy techniques led to a greater intervention rate in younger ages. A special section should also treat pancreas divisum and other abnormalities of pancreatic ducts. See for instance: Barakat MT, Cholankeril G, Gugig R, Berquist WE. Nationwide Evolution of Pediatric Endoscopic Retrograde Cholangiopancreatography Indications, Utilization, and Readmissions over Time. J Pediatr. 2020 Nov 14:S0022-3476(20)31396-2. doi: 10.1016/j.jpeds.2020.11.019. Epub ahead of print. PMID: 33197494.

Authors' response: We thank the reviewer for mentioning this topic. However, akin to our response above, the authors felt that the inclusion of data on the pediatric population, although interesting, would be beyond the scope of our mini-review and clinical message. We agree patients with pancreas divisum are thought to be at higher risk of acute pancreatitis and thus included a sentence to mention this.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The paper is clearly written and shows the clinical importance to prevent and manage PEP for readers.

Authors' response: We thank the reviewer for the thorough and timely review and are pleased that our manuscript was found to be clearly written. We hope the readership will find this of relevance and intrigue as well.