

Dear Editor,

Please find attached our manuscript titled “Enhanced recovery pathways in pancreatic surgery”, which has been revised according to reviewers’ suggestions. All changes made to the manuscript are highlighted through the track changes modality.

We have also attached an audio core tip, the copyright transfer agreement and an English language proof of editing as requested.

We would like to thank the reviewers for their suggestions that helped improve the quality of our manuscript.

Sincerely,

Nicolò Pecorelli and Massimo Falconi

Response to reviewers’ comments

REVIEWER 02445477

Introduction and next para could have been deleted or shortened. more focus on general parameters leading prolonged recovery. Too lengthy topic , overall , with repetitive details. needs shortening before acceptance.

As suggested by the reviewer, the introduction has been shortened and the following paragraph deleted to reduce the length of the manuscript and avoid repetitions.

REVIEWER 03529724

This is a very thorough review of the literature on Enhanced Recovery Pathways (ERPs) in pancreatic surgery. The structure of the manuscript is friendly to the reader. All elements of contemporary ERP including patient education, perioperative optimization, analgesia and post-operative nausea and vomiting (PONV) prevention are addressed in detail in this manuscript. The tables are very helpful in collecting evidence of various levels to explain the trends in pancreatic surgery.

My comments for the authors are:

- 1) In the introduction section, line 5, the authors mention “high-volume centers”. In an era of centralization of specialized care in tertiary centers, it would be prudent to discuss what defines a high volume center**

As suggested by the reviewer, we added a brief definition of high-volume referral center in pancreatic surgery.

- 2) PONV is a very important aspect of enhanced recovery. Therefore the authors could discuss a bit more about the agents used perioperatively. There is abundant research in the anesthesiology literature and would be appropriate to mention them in one line**

As suggested by the reviewer, we added extra information for PONV prophylaxis in the manuscript. We included common adopted strategies and mentioned the most popular agents used.

- 3) Page 10, section of “perianastomotic drain”, line 6. The authors mention the lack of literature on drain placement and this statement is followed by a randomized trial as a level 1 evidence. I would just omit this sentence**

The sentence has been replaced with an appropriate comment stating that the use of routine perianastomotic drain is currently debated.

- 4) The authors very appropriately refer to delayed gastric emptying (DGE) as this is the most common complication after a Whipple. Would encourage the authors to briefly discuss the literature on ante-colic versus retro-colic positioning of the jejunal limb and it`s effect on DGE (just one liner)**

A comment regarding the evidence available in fashioning the duodeno-jejunostomy in an antecolic versus retrocolic position has been added in the appropriate section of the manuscript.

- 5) Laparoscopic and nowadays robotic pancreatic surgery is gaining. Therefore I would suggest that the authors spend more space to discuss about laparoscopic (mainly, robotic is far less) pancreatic surgery and whether any differences are expected (especially in high volume centers where laparoscopic Whipple for example is the standard approach)**

As suggested, we added a paragraph discussing the evidence for a minimally invasive approach in pancreaticoduodenectomy.