

Dear Editor

Thank you for your suggestions and recommendations. The responses to reviewers are written below:

Reviewer 1 stated that;

The results of 66993 endoscopic retrograde cholangiopancreatography procedures at fourteen surgical clinics, a multicenter observational study in Türkiye. General comments: The idea of the research is good. This manuscript highlights an important aspect. The present paper showed the results of all ERCP procedures performed at the fourteen general surgery centers. The surgical ERCP units in the present work have reached satisfactory results and provided reliable and successful ERCP service. The article contains a very broad and multi-centered case series. It has a guiding and educational feature for general surgery specialists and assistants who perform ERCP procedures. Current problems are being addressed and a direction is being proposed for future development. The manuscript is well written. However, there are some typing mistakes. Detailed comments Abstract results Hyperamylasemia and the post-ERCP pancreatitis (PEP) were the most common complication as observed at 8.1% of the patients Please corrected to 8.2 Results: Hyperamylasemia and post-ERCP pancreatitis (PEP) were the most common complication as observed at 8.1% consistent with the literature Please corrected to 8.1 to 8.2 The complication rate should be below 6% according to BSG and it is 5.6% in this study (Table 3). How? Complication total is 10.2 and should be corrected to (10.1%) If you mean major complications only You should write this and name the complications you mean which give this percentage 5.6% Hyperamylasemia and the post-ERCP pancreatitis (PEP) were the most common complication as observed at 8.1% consistent with the literature. Please correct 8.1 to 8.2 The rate of hyperamilacemia in this study is 4.6% and is consistent with the lieratures Please correct 4.6% to 4.7% correct hyperamilacemia to hyperamylasemia lieratures to literature In this study, 0.8% of the patients developed cholangitis after the procedure. Please correct 0.8 to 0.9 Table 1: Successful stenting of malign or benign strictures Complete the word malignant Preop rectal diclofenac administration Yes, should be 30% instead of 29.9% so that the total Yes + No = 100% Table 2 title should be changed as follow: Indications of ERCP in Participating Centers Table 3 Hyperamylasemia should be corrected to 4.7% change it in the table and in the body of manuscript. Cholangitis should be corrected to 0.9 please change in table 3 and in the manuscript. Stent migration should be 0.3 please change. Total complication should be corrected to 10.1

Response to reviewer 1:

We would like to thank for encouraging suggestions and recommendations. The corrections were highlighted as red in revised version of file and the revised version was also sent as an attached to mail.

1. The rate of pancreatitis and hyperamylasemia were corrected as 8.2 instead of 8.1.
2. The total complication rates were corrected as 10.1 at table 1 and 3.
3. The rate of hyperamylasemia was corrected as 4.7 instead of 4.6.
4. The title of the table 2 was changed.
5. The rate of cholangitis was changed as 0.9 instead of 0.8 throughout the article and table 3.
6. The term 'malign' was changes as 'malignant'
7. The application of rectal diclofenac was changed as 30% instead of 29.9%.
8. The rate of stent migration rate was changed as 0.3.

The reviewer has already accepted the manuscript following these corrections according to the information given in Journal Tracting System.

Reviewer 2 stated that.

1. Although the English and spelling is generally understood, it needs to be corrected by a native English-speaking general surgeon or medical specialist.

Response 1: We would like to thank for encouraging appreciations. The manuscript was fully corrected and reviewed by an English Lecturer,

2. Each abbreviation used in the study is not necessarily given in its long form. This includes abbreviations in tables.

Response 2: Abbreviations were used instead of its long form including the tables.

3. There is no statistical method in the method section. It should be added.

Response 3: The present study is not a statistics based work as mentioned in Materials and Methods. Because the aim and scope of the study is NOT statistical evaluation of the different parameters or to determine the variables affecting for example cannulation rate, complications etc. The aim of the study is to focus attention on ERCP endoscopist shortage, potential solutions, incorporation of the surgeons into ERCP education programmes and depicting the results of surgical clinics whether they are able to reach the targets determined by guidelines.

4. Even if it is submitted as an additional file, the institution granting ethics committee approval, ethics committee approval number and ethics committee meeting date should be written in the method section.

Response 4: The requirements related with granting and ethic committee approval are added into the Materials and Methods section.

5. Additional statistical analysis should be performed on the side effects seen in the study. For example, they should all be analyzed individually in terms of complications seen. For example, which patient group had the most bleeding. Since there is more than one disease, one way anova method should be used to see if there is a difference in terms of bleeding. **Response 5:** As we have mentioned previously, the scope of the manuscript IS NOT to evaluate the side effects, complications of ERCP and to determine the parameters affecting them. As the reviewer stated at the 8th recommendation, the present study is a multicentric, descriptive, observational study dealing with the results of surgical clinics in parallel with British Society of Gastroenterology Targets. It also deals with the shortage of ERCP endoscopist availability. As you allow at 'PEER REVIEW REPORT 2nd title-If you feel unable to address a reviewer's or editor's comment or implement a suggestion, state why- We have to mention that we are unable to correct and address the reviewer's statement. In fact it isn't correctable at this stage of tracking process. We should have planned this way at the beginning and received the data this way. But this would be the topic of another study.

Actually several authors including also in this present paper have previously addressed the complications, affecting factors, success rates in recent articles as cited in References. So the readers may be addressed to full text of that references to be informed.

Briefly we didn't construct the present study to define the factors affecting the complications and also cannulation success rate. So we are unable to add any statistical method unfortunately. It may be subject of another further study and we are going to consider it. We would like to thank reviewer for such an important guidance.

6. The effect of gender on complications should be analyzed by student t or mann whitney u test. Or analyze whether there is a relationship between general anesthesia or sedation and complications. At least complications should analyzed in terms of gender, type of anesthesia. It is important whether there is a difference in complications due to gender or complications due to anesthesia. It may guide the surgeons who will read the article in the choice of anesthesia. It also shows the possibilities that may be observed in male-female gender in this method used.

Response 6: There are several studies published by the authors of the present study dealing with the effects of age (reference 17), anaesthesia type (reference 18) and complications and the factors affecting them (reference 11,14). However the design of the present study is NOT the comparative analysis of the risk factors and to determine the variables as mentioned before. So unfortunately we are unable to add such an addition recommended by the reviewer.

7. The discussion should be rewritten with the new findings. In addition, the limitations of the study should be added. For example, did the patients smoke or take any chronic medication. In addition, precautions that can be taken in advance or before the procedure against possible complications should be mentioned in the discussion.

Response 7: Limitation of the study and the precautions were added to the discussion section.

8. The authors have put a lot of effort and have presented a very adequate number of patients. However, their findings contain only descriptive and percentage expressions. This makes it more like a short letter to the editor than an article. This problem can be addressed by performing additional statistical analysis in this valuable study and discussing this situation in the discussion.

Response 8: This study is a multicentric observational study focusing the results of nearly 70 000 patients of 15 surgical clinics. So the study is focusing to alleviate the ERCP endoscopist shortage and to demonstrate the results similar to targets set by the British Society of Gastroenterology. Actually primary thesis of the study is that general surgeons should perform ERCP once ensuring adequate training. And also they can reach to the procedural targets written in the guidelines.

Thank you for your efforts and valuable recommendations. We hope that the responses will meet the referee's criticism. The decision of the reviewer was 'accept' after these revisions. The changes were highlighted with red at the revised form of manuscript that has been sent as an attached file to the mail.

The reviewer has also accepted the manuscript for publication after the corrections according to the Manuscript Comments Information at Tracking System.

Reviewer 3 stated that:

The article clearly stated that there is a big gap and deficiency regarding doctors who perform Endoscopic retrograd cholangiography and as shown here, a large number of Endoscopic retrograd cholangiography have been performed and it has been a study that has shown many positive results such as cannulisation success, fewer complications and similar results in line with the literature. It has been a study that will guide the literature, especially in terms of increasing the number of doctors who perform Endoscopic retrograd cholangiography and ensuring that it can be performed safely, The title of the study is appropriate and indicating a large number of patients. The keywords express characteristic elements and fully reflect the main content of the article. The introduction explains the consensus and theory on the topic, clarifies any currently unknown issues or questions about the topic, indicates critical issues to be addressed, and states the purpose of the study. The study is logical and coherent from Title to Conclusion. The hypothesis of the study is valid. The results of the study support the conclusion. The most important finding of the study is clearly stated. The implications of the study for the future are clearly stated. The sources of the article are consistent with the subject matter. The article contains references to important and relevant articles published in the last 3-10 years. Important references are present in the reference list of the article. The authors cite their own published articles appropriately in the content of the article. The references are applied in the text in order. Abbreviations are used correctly in the article. There are no spelling or grammatical errors in the article. The study is logical and coherent from Title to Conclusion. The hypothesis of the study is valid. The results of the study support the conclusion. The most important finding of the study is clearly stated. The implications of the study for the future are clearly stated. thank you .

Response to Reviewer:

We would like to thank for evaluation. There was nothing to correct related with the reviewer. The decision of the reviewer was 'accept' at the first reviewing. .

Re-review comment:

Authors appear to have uploaded revised manuscripts in a sloppy and careless manner. The article cannot be evaluated in this form. Absolutely unprintable. I think that the authors have uploaded such a text by mistake. Some parts of the Word file are in Turkish and some parts are in English. This is unacceptable. Half of the article is written in Turkish or another language. Certainly not in English. Statistics were not performed. The aim of the study was stated to be descriptive. I ask them to share a descriptive study with me in this way. I will examine the article in question. Please edit more carefully and carefully. It is impossible for me to evaluate it as it is.

Reply: The English version of the manuscript has been re-uploaded and sent to the reviewer and the reviewer give their consent for publication.