

Reviewer #1:

The manuscript by Amy Tyberg and co-workers reviews the management of pancreatic fluid collections. This is an up-to-date, comprehensive and well written review of an interesting topic. Some minor comments: Cystogastrostomy is not the only surgical means of drainage; depending on the location cystojejunostomy is a surgical alternative that should be mentioned. The authors state that “ERCP with PD exploration should be concurrently performed to evaluate for evidence of PD disruption in all patients with PFCs.” I do not believe that this is really necessary in all patients; more like in all patients with suspicion of PD disruption. What about MRCP in this setting? Any word regarding long term therapy of PD disruption? Stenting, or surgical measures? AP is not the only cause of pancreatic fluid collection. The authors could include a short paragraph about other causes (e.g. post-resection or -transplantation, or traumatic).

We thank the reviewer. We agree with the clarification and added “depending on the location a cystojejunostomy can also be a surgical alternative”

We also clarify the section regarding PD disruption; we added “ in all patients with suspected PD disruption, ERCP with PD exploration should be performed and if MRCP is available, it should be used accordingly to rule out pancreatic duct disruption in low probability patients”

In term of long term therapy, endoscopic treatments for pancreatic duct leaks have replaced surgical interventions in many situations ([Management of pancreatic ductal leaks and fistulae](#). Larsen M, Kozarek R. J Gastroenterol Hepatol. 2014;29(7):1360-70. doi: 10.1111/jgh.12574. Review.)

We have also added other causes of PFC (traumatic, post surgical and post transplant).

Reviewer 2:

This manuscript is very good. Please, add my manuscript at surgical drainage section; Intra gastric stapled pancreatic pseudocystgastrostomy under endoscopic guidance. Iso Y, Kubota K. Surg Laparosc Endosc Percutan Tech. 2013 Jun;23(3):330-3.

We have added this reference in the surgical section of the manuscript

Reviewer 3:

First of all authors deserve congratulation for writing a comprehensive review with extensive search of literature. I would like the authors to explain: 1. Do all patients of WOPN require DEN 2. Is there any data on the percentage of solid material inside WOPN which will decide whether DEN is required or simple dilatation of track,

placement of stents and nasocystic irrigation will be sufficient. 3. Do we require removal of each and every piece of necrotic material from WOPN for complete clinical success. Can not we follow an approach of vigorous irrigation of cystic cavity for 2-3 days followed by one or two session of DEN to remove majority of necrotic material rather than four or five sessions of dilatation and entry into cyst and DEN which leads to more complications.

We have responded to those queries

- 1-Not all WOPN need DEN, the ones that are infected or symptomatic (gastric outlet obstruction, pain etc.. ) need DEN
- 2-Unfortunately no data is available to date allowing deciding if drainage is sufficient or not. This is typically discovered during the first session of DEN
- 3-It all depend on the type of debris into the collection, hard debris require DEN, soft debris can be flushed out easily. The treatment is typically tailored to the type of necrosis found during the procedure. Luckily, lumen apposing metal stent have dramatically reduce the risk of dehiscence, making DEN much safer

Reviewer 4:

The Authors give a complete and useful review of the available methods for the treatment of pancreatic fluid collections. Minor revisions are required: Pag 10: "Indications for drainage": references should be added when the Authors stated that recently mini-invasive approach has become the standard approach Furthermore, the Authors should better clarify what "symptomatic" means. Does it mean fever, pain, or what else?? Is there any size limit to decide to drain? Take home messages should be used at the end of single paragraph or at the end of the manuscript but NOT in both cases. Please choose one of the two.

We agree with the points raised by the reviewer

- 1-Minor revisions requested have been done
- 2-Symptomatic mean: infection, pain or gastric outlet obstruction
- 3-Take home message will be all placed at the end of the manuscript