

Peer Review File

Article information: <https://dx.doi.org/10.21037/gs-23-19>

Review comments-Reviewer A

Comment 1:

First of all, my major concern is the poor predictive accuracy of PCT/ACT for the prediction of PF, which cannot be a predictor of PF. Because of this, the current study can only examine relationship between PCT/ACT and PF, not the risk prediction. The authors need to revise the whole paper accordingly including the title.

Reply 1: Thank you for your advice. The prediction was changed to related in the whole paper accordingly including the title.

Changes in the text: We have modified our text as advised (see Page 1, line 3-5,25; Page 3, line 70; Page 9, line 229-231); Page 11, line 350-352; Page 14, line 423)

Comment 2:

Second, the title did not indicate the clinical research design of this study, i.e., a retrospective cohort study.

Reply 2: Thank you for your advice. The title was changed.

Changes in the text: We have modified our text as advised (see Page 1, lines 3-5)

Comment 3:

Third, the abstract needs further revisions. In the background, please describe why the authors focused on PCT/ACT and why this ratio is associated with the PF. The methods need to describe the inclusion of subjects, the assessment of baseline clinical factors, follow up, and the diagnosis of PF. The results need to first describe the clinical characteristics of the study sample and the findings on the independent association of PCT/ACT with PF including RR and accurate P value. The conclusion needs to be made strictly based on the findings. The PCT/ACT is only associated with PF, but it is still far from “a useful index for evaluating the risk of postoperative PF”.

Reply 3: Thank you for your advice. We have made the changes as you suggested.

Changes in the text: We have modified our text as advised (see Page 2, lines 38-63)

Comment 4:

Fourth, the introduction of the main text needs to have comments on why PCT/ACT ratio is linked with PF, what the knowledge gap on this relationship, and the clinical significance of this research focus.

Reply 4: Thank you for your advice. We have added the background as you suggested.

Changes in the text: We have modified our text as advised (see Page 4, lines 104-107)

Comment 5:

Fifth, in the methodology of the main text, the authors need to describe the clinical research design, sample size estimation, detailed assessment of baseline clinical factors, and follow up procedures. In statistics, please delete the analyses on the predictive accuracy of PCT/ACT since the current data cannot answer this clinical question. Please describe the details of the logistic regression analysis including the adjustment of clinical covariates to ascertain the independent association of PCT/ACT ratio with PF. Please ensure $P < 0.05$ is two-sided.

Reply 5: Thank you for your advice. We have made the changes as you suggested. We ensure $P < 0.05$ is two-sided.

Changes in the text: We have modified our text as advised (see Page 7, lines 186-191)

Comment 6:

Finally, please consider to cite the below related papers: 1. Yin J, Zhu Q, Zhang K, Gao W, Wu J, Lu Z, Jiang K, Miao Y. Development and validation of risk prediction nomogram for pancreatic fistula and risk-stratified strategy for drainage management after pancreaticoduodenectomy. *Gland Surg* 2022;11(1):42-55. doi: 10.21037/gs-21-550; 2. Li Q, Zhou X, Duan J, Xing Z, Wu Z, Zhao W, Liu J. Decreased pancreatic leakage rate in the application of a measurable variable-diameter pancreatic duct catheter in laparoscopic pancreaticoduodenectomy. *Gland Surg* 2022;11(9):1546-1554. doi: 10.21037/gs-22-478.

Reply 6: Thank you for your advice. We have made added references in the text.

Changes in the text: We have modified our text as advised (see Page 10-11, line 312,327,331,346)

Review comments-Reviewer B

1. Abstract

Please defined ROC and OR in the abstract.

Reply: Thank you for your suggestion, we have added it as requested.

Changes in the text: We have modified our text as advised (see Page 2, line 56,61.)

2. Table 1

Please explain SD in the table footnote.

Reply: Thank you for your suggestion, we have added it as requested.

Changes in the text: We have modified our text as advised (see Page 14, line 434.)

3. Table 2

Please add the description to the table footnote that how the data are presented in table.

Grading	Cases	P _{CT} /A _{CT} value
A	11	0.95±0.11
B	23	0.89±0.09
C	6	0.78±0.13

Reply: Thank you for your suggestion, we have added it as requested.

Changes in the text: We have modified our text as advised (see Page 15, line 441.)

4. Table 3

Please explain OR CI in the table footnote.

Reply5: Thank you for your suggestion, we have added it as requested.

Changes in the text: We have modified our text as advised (see Page 16, line 451.)

5. Ethical Statement

Please note that the statement should be also added to the method section. We've added it for you, please confirm.

137 collected and analyzed. The study was conducted in accordance with the Declaration
138 of Helsinki (as revised in 2013). The study was approved by
139 institutional/regional/national ethics/committee/ethics board of Xinhua Hospital
140 Affiliated to Shanghai Jiao Tong University School of Medicine (No. XHEC-D-2022-
141 265) the registration number of ethics board), and individual consent for this
142 retrospective analysis was waived.

Reply: Thank you for your suggestion, we reconfirm it is correct.

Changes in the text: -