

Peer Review File

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Reviewer A

The authors should be applauded for a generally well-written editorial commentary
I have only 2 concerns for the authors.

Reply: Thank you for your positive revision of my paper.

(1) Are the figures the authors' own figures. If not please mention whether copyright permission has been obtained.

Reply 1: The figures in the manuscript are our property and come from a patient treated in our medical center. For this reason, copyright permission is not required.

(2) The same citations have been used throughout the text at multiple points. Please consider providing some more references to increase the credibility of the statements. The authors may consider the following:

Perera Molligoda Arachchige A. S. (2021). What must be done in case of a dense collection?. *La Radiologia medica*, 126(12), 1657–1658. <https://doi.org/10.1007/s11547-021-01426-9>

Ramesh, S., Verma, Y., & Perera Molligoda Arachchige, A. S. (2023). Early vs. late percutaneous catheter drainage of acute necrotic collections in patients with necrotizing pancreatitis. *Abdominal radiology (New York)*, 48(8), 2759. <https://doi.org/10.1007/s00261-023-03950-w>

Reply 2: Thank you for your comment. The References section was modified according to your comment. I added both publications.

Changes in the text: I added two references as number 15 and 16 (see page 7), marked with yellow color.

Reviewer B

Perfectly written commentary by the expert in pancreatic collection drainage. The commentary covers current knowledge and questions regarding timing of endoscopic intervention in APN. Strongly recommend to publish.

Reply: Thank you for your very positive comment on my paper.

Reviewer C

I would like to respectfully submit the following opinions I have after reading the commentary submitted.

1. Both the original POINTER study (NEJM 2021) and the subsequent long term follow up (Ann of Surg 2023) are dedicated studies of patients with infected pancreatic necroses. From the commentary, it appears that author seems to be drawing conclusions from these studies about timing of intervention in acute pancreatic necrosis. We should not confuse the two as patients with sterile pancreatic necrosis were excluded from the trial.

Suggest: reworking the entire commentary to limit comments to infected acute pancreatic necrosis only if commenting on POINTER study and its long term follow up.

Reply 1: Thank you for your comment. I added information about POINTER trial and that only patients with infected acute pancreatic necrosis participated in it. I also added information that patients with sterile necrosis were excluded from the study. I hope these changes will be satisfactory for you.

Changes in the text: I added sentences with yellow color in the text (see: page 3 and 4).

2) The author has submitted multiple references and arguments about the optimal strategy in pancreatic necrosis being postponement of interventional treatment and 'step up approach'. (Lines 107-109). But then immediately seems doubtful of the same arguments in the next few lines " we know that postponing improves the outcomes of intervention, but on the other hand we know that too long persistence of pancreatic necrosis may cause development of the pancreatic fistulas and in the course of long-term impression on blood vessels leads to development of thrombosis". Even in the POINTER trial and its long term follow up, there were such complications noted in both arms but the point is that delayed intervention patients did not do any worse. Even the 'step up' approach study by van Santvoort et al (NEJM) was on patients with infected pancreatic tissue only (reference no 10)

Reply 2: Thank you for your comment. I added this information about POINTER trial in the text of manuscript. I hope these changes will be satisfactory for you.

Changes in the text: I added sentences with yellow color in the text (see: page 5).

3. The final line of the commentary "Despite many studies the question of optimal timing of intervention in ANP is still open and further randomized trials are required."

Again, this is not a conclusion that should be drawn from the POINTER study or its long term follow up as it was just about infected pancreatic necrosis.

There should be no intervention done in sterile necrosis. I quote the editorial in the NEJM that accompanied the POINTER trial in NEJM by Todd Baron, MD

"Drainage of sterile necrosis does not reduce mortality among patients with acute necrotizing

pancreatitis, although subsequent elective endoscopic, percutaneous, or surgical intervention for sterile walled-off necrosis may eventually be needed for patients with intractable symptoms, such as gastric outlet or biliary obstruction, or patients who remain unwell"

Reply 3: Thank you for your comment. I added this information in the text of manuscript. I hope these changes will be satisfactory for you.

Changes in the text: I added last sentence with yellow color in the text (see: page 5).