

Peer Review File

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Reviewer A

Overall, the manuscript is reasonably well-written. The proposed statistical analysis is sound, with an adequate sample size. The nomogram is user-friendly and reinforces findings already well-documented in the literature, which are clinically significant.

In my opinion, the primary weakness of the study lies in its central focus, as the global clinical relevance appears limited.

I note the absence of relevant intraoperative findings such as FRS in the univariate and multivariate analyses. I recommend incorporating these indices, as intraoperative gland texture and MPD diameter, in particular, are valuable parameters of functional status and could significantly impact the incidence of POPF. Additionally, I suggest a brief review of the literature to enhance the manuscript's appeal. Specifically, I recommend referencing the following paper which may contribute to increasing the manuscript's publication potential: doi: 10.1007/s13304-024-01949-6

Comment 1: The primary weakness of the study lies in its central focus, as the global clinical relevance appears limited.

Reply 1: Thanks for comments! Although the incidence of PPH is low, the accompanied mortality rate is high. Especially in high-volume hospitals, it is unavoidable to face this severe complication. So how to detect it early and make interventions as soon as possible is extremely important.

Changes in the text: No change, thanks.

Comment 2: I note the absence of relevant intraoperative findings such as FRS in the univariate and multivariate analyses. I recommend incorporating these indices, as intraoperative gland texture and MPD diameter, in particular, are valuable parameters of functional status and could significantly impact the incidence of POPF.

Reply 2: Thanks for comments! The subjects of this research were patients who had already suffered from pancreatic fistula. Factors including gland texture and MPD diameter are direct risk factors of POPF but not postpancreatectomy hemorrhage. Besides, criteria to define these factors are subjective, especially the gland texture. So, we did not include these factors as variable since the aims of this study was to explore risk factors of PPH in patients with POPF. We added a discussion in “Introduction”. (Page 3, line 69-72.)

Changes in the text: Some pancreatic features including gland texture and main pancreatic duct diameter (as risk factors of pancreatic fistula) were also included as variable in some studies focusing on PPH. Gland texture was not a risk factor of PPH. (10) And Duan et al. found that pancreatic duct diameter contributed to late PPH.(11)

Comment 3: Additionally, I suggest a brief review of the literature to enhance the manuscript's appeal.

Reply 3: We added a literature review. (Page 3, line 69-72.)

Changes in the text: Some pancreatic features including gland texture and main pancreatic duct diameter (as risk factors of pancreatic fistula) were also included as variable in some studies focusing on PPH. Gland texture was not a risk factor of PPH. (10) And Duan et al. found that pancreatic duct diameter contributed to late PPH.(11)

Comment 4: Specifically, I recommend referencing the following paper which may contribute to increasing the manuscript's publication potential: doi: 10.1007/s13304-024-01949-6

Reply 4: Thanks for comments! We revised as advised. (Page 3-4, line 72-73.)

Changes in the text: To better detect pancreatic duct diameter, Huscher et al. described a novel and safe intraoperative intraductal ultrasonography of the main pancreatic duct.(12)

Reviewer B

- The conventional LEPPH prediction model mainly focused on preoperative conditions and intraoperative procedures, but this study is novel in that it actively uses postoperative examination data.
- In addition, the nomogram is a practical model that evaluates risk using routine postoperative examination items, and I think it is wonderful that it is easy to apply in clinical practice.

Points for improvement

Comment 1: I would like the scores for each risk factor (PEADFA, Bulb sign, Surgery-related AP, PEAC, Positive culture) to be clearly stated. It is difficult to understand just from Figure 3 (A).

Reply 1: Thanks for comments! We added the scores for each factor. (Page 10, line 221-223.)

Changes in the text: The scores of each variable are as follows: PEADFA (58), bubble sign (65), surgery-related AP (42), PEAC (53), positive culture (100).

Comment 2: I would like you to specify when the nomogram is evaluated (at the time of CT imaging 5-7 days after surgery or when the results of bacterial culture are obtained).

Reply 2: Thanks for comments! We added a time to evaluate. (Page 11, line 244-246.)

Changes in the text: For patients with POPF, we recommend performing a postoperative CT scan five days after surgery to evaluate the nomogram for the first time. If subsequent cultures yield positive results, the nomogram should be reevaluated.

Comment 3: I felt that it would be difficult to use in clinical practice because the cut-off points for high, medium and low risk based on the score obtained from the nomogram were not specified.

Reply 3: Thanks for comments! We added a discussion. (Page 12, line 256-259.)

Changes in the text: According to the predicted likelihood of LEPPH, we recommend

that patients with a probability of less than 50% be transferred to a subordinate hospital for rehabilitation. Conversely, patients with a probability exceeding 50% should maintain a hemoglobin level above 80 g/L and remain under health surveillance in the surgical department for two to three weeks before being transferred to a subordinate hospital.

Comment 4: I would like to know whether PEAWF reduces the risk of LEPPH more than PEAC.

Reply 4: Thanks for comments! Actually, PEAWF is not included as a variable so that we do not know if it reduces the risk of LEPPH.

Changes in the text: No change, thanks.