Peer Review File

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Reviewer A.

Comment 1: -Please specify better line 31 the first time endoscopic sphincterotomy (ES) and not only "Performing sphincterotomy (ES) "

Reply1: Corrected in text and highlighted in red.

Comment 2: -there is a mismatch between the aim of the study and material and methods: Did the aim of the study is to analyze patient how underwent ERCP and after cholecystectomy / or not. however, the group one is defined as first a cholecystectomy and after an ERCP.

Reply 2: The aim of this study is to determine whether cholecystectomy is effective in preventing medium- to long-term biliopancreatic complications in elderly patients who have undergone endoscopic retrograde cholangiopancreatography with endoscopic sphincterotomy (ERCP-ES) for benign conditions. Corrected in text and highlighted in red.

Comment 3: line 93: sphincterotomy (ES) add "endoscopic" for the first time.

Reply 3: Corrected in text and highlighted in red.

Comment 4: line 140/141 again after writing ERCP followed by surgery or not, now the authors write to divide into two groups "based on a history of prior cholecystectomy before the initial ERCP". So, what are the real population study. Patient with prior cholecystecomy and ERCP for symptoms versus patients with only ERCP.

Reply 4: Patient with prior cholecystecomy for symptomatic cholelithiasis and ERCP for versus patients with only ERCP without previous cholecystectomy. Corrected in text and highlighted in red.

Comment 5: in the discussion again now ", prophylactic cholecystectomy following ERCP + ES."
Reply 5: This comment referred to the usual management of patients with gallstones undergoing ERCP.

Comment 6: limits of the study: line 283: the cholecystectomy group after ERCP was not randomized."

Reply 6: Corrected in text and highlighted in red. Comment 7: Please revise all the manuscript to clearly write that group 1 is ERCP and cholecystectomy; and group 2 is only ERCP. Reply 6: made.

Comment 7: If timing between ERCP and surgery is available please add into the table.
Reply 7: eight months. Added in text.

Reviewer B:

Thank you for the opportunity to review the manuscript "Is elective cholecystectomy effective in geriatric patients to prevent new biliopancreatic events following ERCP for benign biliopancreatic pathology?".

This is a retrospective study including 164 patients > 80 years with biliary tract pathology and subsequent ERCP, which were divided into two groups depending on treatment
- Group A: Cholecystectomy and ERCP, n = 89
- Group B: ERCP alone, n = 75 patients
The aim is to answer the question of whether an additional cholecystectomy in this patient group (> 80 years) is beneficial in terms of various parameters:
- recurrent choledocholithiasis
- cholangitis
- pancreatitis
- cholecystitis
Finally, a better outcome was shown for patients without additional cholecystectomy (Group B).
The authors conclude that prophylactic cholecystectomy is not needed/mandatory in patients > 80 years with ERCP (exception: cholecystitis).
- the manuscript is very clearly structured
- methodology and statistical procedures are adequate
- tables are helpful in presenting the results
- the discussion includes current literature on the topic
- the conclusion can be derived from the results

Recommendation: This is a study on a clinically very relevant topic. The study is retrospective, but methodologically very well conducted.

Reply: Thank you very much.

Reviewer C:

Comment 1: In the methods and/or introduction section, it would be helpful to discuss of why a minimum of 2 years or more follow-up time was chosen as well as the max amount of follow-up time was chosen (line 139):
Reply 1: We established the two-year criterion with the aim of avoiding the bias of the presence of biliopancreatic neoplasms in progress but without clinical or radiological data. Strategy similar to other published studies.

Comment 2: Additionally, in the discussion section, please comment on the generalizability of this data set taking into consideration patient demographics and location of centers this study was performed.
Reply 2: Added to text and highlighted in red.

Comment 3: In lines 240-242, stating that some authors suggest a more pro-active approach and prefer prophylactic cholecystectomy could use a bit more elaboration. The original study referenced here in a meta-analysis that had a large number of elderly patients. Even mention of the details and findings from this article could add depth to the discussion, as your study's findings give evidence to the opposite.

Reply 3: Added to text and highlighted in red.

Reviewer D:

Comment 1: I find conflicting the high rate of post ercp + chole group with retained CBD stones.
Reply 1: This information has also been surprising to us. But our results collect the data recorded in the medical records.

Comment 2: There is no mention of cholangiogram or intra-operative US in the lap chole group, especially considering that these cases are mostly performed for CBD stones.

Reply 2; We do not perform routinely intraoperative cholangiogram or US in laparoscopic surgery for gallstones. All patients have preoperative imaging studies (US, CT or MR-Cholangiogram) and, in the case of suspected CBD stones, preoperative ERCP is performed.