

ANSWERING REVIEWERS



October 28, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13133-edited.doc).

Title: Comparison of scoring systems in predicting the severity of acute pancreatitis

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 13133

Thank you very much for your kind comments.

We tried to revise the manuscript as much as possible according to the suggestions made by the reviewers, and enclosed revision detail and revised manuscript.

We hope all these revisions will be satisfactory.

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Answers to Reviewer No. 2526196

(1) Results: This section clearly described the results obtained from the study. However, the description and tables are repeated each other. It is suggested to reduce the repeat description in the text and just make brief description. Page 7, line 13: What mean is about abbreviation of NPO?

We made brief description in "Results" section especially in the description of Table 3.

We corrected NPO mentioned firstly in the text to nil per os (NPO)

(2) Discussion: The discussion is well written. Page 10, last line: What mean is about abbreviation of PPV and NPV?

We described "Sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were calculated for individual scoring systems and biochemical markers (CRPi, CRP₂₄)." in "*Statistics*"

Answers to Reviewer No. 01558248

(1) Why the mild and moderated severity was in a group?

According to the most recently revised Atlanta Classification, the presence of local complications or transient organ failure is no longer regarded as clinically severe disease. In this study, only thirteen patients (8%) were classified as moderately severe AP; therefore, comparisons of multiple variables in three groups were difficult. So, we divided the patients into severe AP and non-severe AP group.

(2) If possible, please discuss and tell us the highest score of each scoring system from the mortality patients or from the data of references.

The highest score of each scoring system of the mortality patients in our study was Ranson of 6, BISAP of 3, APACHE-II of 17 and CTSI of 6. There were only three mortalities in our study, therefore, statistical analysis and interpretation was difficult. We described this in the "Results" and "Discussion" section.

(3) try to simplify the results of each table instead of repeating.

We made a brief description in "Results" section especially in the description of Table 3.

Answers to Reviewer No. 00039630

Thank you very much for your kind comments.

Answers to Reviewer No. 01799726

(1) In the material and methods section, it looks a little bit confusing. And the content will be clearer for authors if you split this section into more refined portions.

We added "*Definitions*" section in "Material and methods" as your comment.

(2) In the result section, it will be more reasonable to put the description of patient characteristics such as age, group, and etiology et al to the material and methods section.

We placed age, group, and etiology into the "Material and methods" section from the "Results" section.

(3) The section of discussion needs further refining.

We refined "Discussion" section as your comment.

(4) The abbreviation of medical terminology should not show the full name in each occurrence, especially in the table. You may list the abbreviation and full name later in the article.

We corrected our mistakes, and put the abbreviation and full name list next to the discussion.

(5) The description of figure legend in page 8 need to be placed into the Result section, and summarize the contents as a subheading.

We corrected this point in the text.

Answers to Reviewer No. 02441458

(1) Of 161 patients, 10 had underlying chronic pancreatitis. These patients, in fact, suffered exacerbation of chronic pancreatitis, and not acute pancreatitis. These patients should be excluded from the study. I would be reluctant to include the patients with recurrent acute pancreatitis either because in these patients AP usually run a less severe course.

We closely reviewed our data analyzed in this study. Ten patients enrolled as patients with underlying chronic pancreatitis had clinical features and radiologic findings consistent with acute pancreatitis at the time of admission analyzed in this study. During the follow-up, these patients had revealed the finding of early chronic pancreatitis on abdomen CT scan. We included these cases as patients with

underlying chronic pancreatitis. We think this is our mistake and also a limitation of our retrospective study design. Because this may cause a possibility of misapprehension and confusion, we deleted the description about underlying chronic pancreatitis. We hope for your generous understanding.

(2) There were 3 deaths in this study: 2 patients within the severe AP group (due to persistent organ failure) and 1 patient from the moderate/mild AP group (due to extensive pancreatic necrosis). The cause of death in this patient requires further explanation because extensive necrosis usually leads to organ failure what would mean a crossover to the severe AP group.

In our study, two mortality patients were diagnosed with persistent organ failure for more than 48 hours in the early days of hospitalization. The other one mortality patient with the moderate/mild AP group had pancreatic necrosis (CTSI 6) without organ failure at the time of admission. Although organ failure was eventually developed in this patient, we classified this patient as moderate/mild AP group based on the findings at the time of admission. We described this in the "Results".

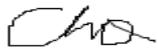
(3) The correlations with NPO and pethidine should be removed as irrelevant.

We removed the Table and description about NPO and pethidine according to your comment.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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