

Answer letter

Dear editor,

Thanks for your answer and comments regarding our manuscript entitled “**Exocrine Pancreatic Dysfunction in Patients With Septic Shock: A Literature Review**” (ESPS Manuscript NO: **25598**). It was a pleasure for my co-authors and I to get your proposal about publishing our manuscript in **World Journal of Gastrointestinal Oncology** as it cannot be accepted in **World Journal of Gastroenterology**. As you can see, we made substantial changes in our manuscript according to the editor’s and the reviewers’ comments. Please find attached a point by point answer to these comments and queries. All the changes are written in blue.

We hope that our manuscript will be suitable for publication in **World Journal of Gastrointestinal Oncology**.

Best regards

Anis Chaari (MD).

Editor comments #:

- Comment [U1]: the words count in the abstract is 201 in the revised manuscript.
- All the references are superscript according to the journal guidelines in the revised manuscript.
- The DOI and the PMID were added to all the references. The DOI was not found for two references (16 and 44). The pdf of these two references is attached to the revised manuscript.

- The revised manuscript was reviewed and approved by Professor William Francis Casey who is a native English speaker. Professor Casey is also one of the co-authors of this manuscript.

Reviewer 1#

We thank the reviewer for his interesting comments.

1. It would be important to describe how the review of the literature was carried out, e.g. search criteria, databases, time period and so on.

Answer: A "Method" chapter was added in the revised manuscript (lines 96 - 100)

2. I am not convinced that increased amylase or lipase levels point to exocrine dysfunction. Rather, they point to organ damage. I would understand dysfunction as impaired production of enzymes. This needs to be clarified, otherwise the review is about pancreatic injury during sepsis. Actually that is what the authors are writing about

Answer: We agree with the reviewer regarding this comment. Accordingly, the title of the manuscript was changed to "**Pancreatic injury in Patients With Septic Shock: A Literature Review**". We also replaced the term 'exocrine pancreatic dysfunction' by "pancreatic injury" or "pancreatic damage" in all the manuscript.

3. There are many statements that are not supported by references, e.g. "oxygen delivery to the pancreatic cells is significantly decreased" or "considerable increase of their oxygen requirement" and many others.

Answer: We added the needed reference to the statement highlighted by the reviewer.

Reviewer 2 #

We thank the reviewer for his interesting comments.

1. The use of the term “pancreatic dysfunction” is problematic, as the presence of pancreatic insufficiency (or dysfunction) is questionable. Increasing levels of amylase and lipase are signs of pancreatic injury, and not dysfunction. Hence, “pancreatic injury” is probably a better term

Answer: We agree with the reviewer regarding this comment. Accordingly, the title of the manuscript was changed to “**Pancreatic injury in Patients With Septic Shock: A Literature Review**”. We also replaced the term ‘exocrine pancreatic dysfunction’ by “pancreatic injury” or “pancreatic damage” in all the manuscript.

2. There is some need for language polishing

Answer: The manuscript was again reviewed by Professor William Francis Casey who is a native English speaker. Professor Casey is also one the co-authors of the manuscript.

3. Chapter 1. Introduction: The worsening of prognosis is described in the case of multi organ failure. It is quantified in the case of renal failure, but not in the case of liver, lung or gut ischemia. Are there estimates on how much failure in these organ systems, and multi organ failure as such aggravates the prognosis?

Answer: More details were added regarding the prognostic impact of the liver failure (lines 81 and 82). Two references were added to support the statement given.

Reviewer 3 #

We thank the reviewer for his interesting comments.

1. In my opinion, "Abstract section" could be improved and should include the conclusions, such as "exocrine pancreatic dysfunction does not significantly affect the outcome in septic shock patients".

Answer: The statement suggested by the reviewer was added to the abstract chapter in the revised manuscript.

2. References should not include the articles published twenty even thirty years ago.

Answer: We updated the following references: 6, 11, 12, 13, 14, 39, 43, and 53. However, few references were kept because of the lack of recent data regarding pancreatic injury in patients with septic shock.