

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 30060

Title: Less Common Etiologies of Exocrine Pancreatic Insufficiency

Reviewer's code: 00724362

Reviewer's country: Slovenia

Science editor: Ze-Mao Gong

Date sent for review: 2016-09-10

Date reviewed: 2016-09-12

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Review: This is very interesting and useful article from the clinical point of view. Please find some suggestions. Literature searches: I recommend updating of literature on this field in last year (last update was performed in September 2015). Diagnosis of EPI: There are two new diagnostic methods that should be included and discussed in the text: the ¹³C-mixed triglyceride (C-MTG) breath tests and secretin-enhanced diffusion-weighted magnetic resonance cholangiopancreatography imaging (sMRCP). Please include changes also in the table 4. Pancreatic enzyme replacement therapy: It will be useful for your readers that you also mention type and doses of PERT recommended for treatment of EPI. See also: United European Gastroenterology Journal 1(2) 79–83 Synopsis of recent guidelines on pancreatic exocrine insufficiency. Italian guidelines Digestive and Liver Disease 42S (2010) S381–S406 Spanish guidelines: Pancreatology 13 (2013) 18e28 The Spanish Pancreatic Club's recommendations for the diagnosis and treatment of chronic pancreatitis: Part 2 (treatment) Diabetes mellitus and EPI: The authors reviewed literature with high prevalence of EPI in patients with

DM type 1 and type 2 (up to 57%). Those studies were performed with different diagnostic methods. Considering the variations and limitations of tests, test selection has undoubtedly contributed to the variations in the EPI prevalence results. Another likely cause of this variation is the underestimation of type 3c DM (chronic pancreatitis was not excluded with radiologic or endoscopic procedures in those studies). Some data has shown that nearly half of T3cDM patients are misdiagnosed as type 1 or type 2 DM. That can be explanation for rather high prevalence of EPI in DM type 2. Two studies published in last years showed lower incidence of EPI in DM (chronic pancreatitis and therefore type 3cDM were excluded in both studies with MR and CT). See also: *Pancreatology* 2014; 14:356-360. [PMID: 25278304] *Pancreatology* 2013; 13:343-346. [PMID: 23890131] Gastrointestinal surgery and EPI: Maybe you can discuss also bariatric gastric by-pass surgery in overweight patients? Table 1: The authors mentioned hemochromatosis as a definite association with EPI. Do you have some citations on that topic? To reviewer's best knowledge there are no studies on EPI in hemochromatosis (I searched Medline). If they are, please put them in the reference list. And another two comments on the same table: 1. I think that diabetes is not extrapancreatic condition 2. Aging and EPI? That was not discussed in the text.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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Title: Less Common Etiologies of Exocrine Pancreatic Insufficiency

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

This is a well written review based on recent and relevant literature. Minor criticisms:

1. Discussion should be corrected to Methods on page 7.
2. Table 1: I would omit pancreatic duct obstruction, since it is caused by pancreatic tumor or chronic pancreatitis, which are already in the table. Type 3c diabetes is not an extrapancreatic disease, but pancreatic.
3. Page 9: I do not consider fecal elastase test an indirect test, because it measures directly the quantity of a pancreatic enzyme. Indirect tests measure exocrine pancreatic function indirectly by assessing the secondary effects resulting from a lack of digestive enzymes (eg PABA, pancreolauryl test, fecal fat etc).
4. Abbreviations should be used consequently throughout the manuscript (e.g. PERT).
5. Page 15: Type 3c diabetes, is recognized as a distinct category of diabetes by WHO.