

To

The Scientific Editor

World Journal of Gastroenterology

**Subject:** Manuscript No. 31822. Response to reviewers comments and submission of revised manuscript for publication of invited article

Dear Sir,

I would like to first thank you for scrutinizing our manuscript (number 31822) titled “Comparing acid steatocrit and faecal elastase estimations for use in M-ANNHEIM staging for pancreatitis” for consideration for publication in the World Journal of Gastroenterology. I herewith submit the response to the reviewers comments and submission of the revised manuscript for publication.

**Response to reviewer’s comments for the manuscript no. 31822:**

**Reviewer’s code: 00053888**

Comments to authors: The authors have produced a well designed and constructed study with useful clinical results. The design is clear, the outcomes well presented and the conclusion is also clear. The authors should be congratulated and the manuscript is worthy of publication with minimal changes only to grammar & typography.

Responding to reviewer 00053888: We thank the reviewer for the positive comments to our article We have looked into your suggestions and have revised the minimal grammatical and typographical errors.

**Reviewer’s code: 00058446**

Comments to authors: Accurate staging of pancreatitis is important to study the natural history of the disease and the effect of interventions. A 72-hour stool fat excretion and the secretin PZ test are considered the gold standard for assessing steatorrhoea and exocrine pancreatic insufficiency (EPI) respectively, but they were not convenient for being applied clinically. The acid steatocrit method correlates well with the 72-hour quantitative faecal fat estimation with more simplicity, reliability and cost-effectiveness for evaluating steatorrhoea in chronic pancreatitis (CP). In this study, The exocrine pancreatic function of patients with acute, recurrent acute and chronic pancreatitis was tested by methods of acid steatocrit method and Faecal elastase-1 (FE-1) test according to the classification of M-ANNHEIM stages. A statistically significant difference was found between the M-ANNHEIM stages as classified separately by the two tests. FE-1 test performed better than the acid steatocrit test for use in the staging of pancreatitis by the M-ANNHEIM classification. There are too less case in M-ANNHEIM 0/III stage, and more cases should be accumulated for comparing two methods in testing exocrine pancreatic function of pancreatitis patients.

Responding to reviewer 00058446: All authors of this study would like to thank the reviewer for the constructive comments to our manuscript, we do agree that the number of patients in M-ANNHEIM stages 0 and III were less in number and a higher number would have enhanced the quality of the study, we do agree that this was a limitation. This point has been added in para 1 in the discussion.

**Reviewer's code: 02544032**

Comments to authors: The manuscript presents data on steatorrhoea due to pancreatic insufficiency in a total of 194 consecutive patients (inclusion June 2009-June 2014), 13 with acute pancreatitis, 65 recurrent pancreatitis and 116 chronic pancreatitis. Stool fat excretion was

estimated by Faecal elastase (FE) 1 test and by the acid steatocrit method, both used for staging of pancreatitis according to the M-ANNHEIM system. The clinical relevance of the presented data is not obvious, and it is neither clarified by the authors. Most important methodological problem: The presented data does not support the conclusion, as no “gold standard” for pancreatic insufficiency is used to assess both the compared methods.

Responding to reviewer 02544032: We would like to thank the reviewer for the constructive and critical comments, we do agree that there is no gold standard for assessing pancreatic insufficiency. It is under these circumstances that we need to know which of the many tests available to assess exocrine function is relevant for clinical practice. Our study has been to compare two such tests and see how they perform when used in the M-ANNHEIM classification. We are certain that we have provided data for the this and that these data support our conclusions. The clinical relevance of our results and conclusions have been brought out in the discussion (paragraph 2 and 3) and the drawbacks mentioned above have also been touched up on (paragraph 1, 2 and 3).

**Reviewer's code: 00068348**

Comments to authors: The M-ANNHEIM classification system is based on the categorization according to the etiology, clinical stage, and severity of their disease. The M-ANNHEIM classification represents a simple, objective, accurate, and noninvasive tool in clinical practice and gains attention in combining the impact and interaction of a number of risk factors on the course of the disease. The article deal with the comparison of fecal elastase 1 and the acid steatocrit methods for evaluating chronic pancreatitis. It's an interesting comparison and of clinical value. The article is well written, the number of patients is large enough.

Responding to reviewer 00068348: we thank the reviewer for the positive comments.

**Highlights of the revisions made in the manuscript:**

- The language quality of the entire manuscript has been checked and the text and in the tables have been tweaked to read better. We (the authors) are convinced that the language of this manuscript (number 31822) has reached Grade A. We have signed a personal guarantee for the language presentation for this manuscript.
- The postal pincode has been added to the address of all authors.
- The Institutional review board statement and Informed consent statement have been added in the manuscript.
- The telephone and fax with country code has been added.
- The audio core tip has been attached along with the Microsoft word file (main manuscript).
- The referencing has been checked and formatted as per the World Journal of Gastroenterology
- The ‘comments’ section consisting of background, research frontiers, innovations and breakthroughs, applications, terminology, and peer- review has been included with appropriate information as suggested.

The updated version of the manuscript (revised manuscript), report on the scientific research process are attached and uploaded along with this letter.

Thanking you,

Yours Sincerely,

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