

## **Author Response Letter to Reviewers' Comments**

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO.:** 34959

**Column:** Retrospective Study

**Title:** Prognostic factors of response to endoscopic treatment in painful chronic pancreatitis

**Authors:** Alina Tantau, Alina Mandrutiu, Daniel Corneliu Leucuta, Lidia Ciobanu and Marcel Tantau

**Correspondence to:** Alina Mandrutiu, MD, Gastroenterology and Hepatology Medical Center, 38 A Traian Mosoiu Street, 400132, Cluj-Napoca, Romania. office@doctortantau.ro. Telephone: + 40740103108 Fax: +4026443910

**Reviewer code:** 03475360, 03645515, and 00068567

**Scientific editor:** Ya-Juan Ma

August 10, 2017

Dear Editor, Thank you for your consideration in publishing our manuscript titled Prognostic factors of response to endoscopic treatment in painful chronic pancreatitis. Please find the revised manuscript that is edited according to reviewers' and editors' comments, and all these changes are highlighted. The language proficiency has been evaluated and approved by Filipodia Publishing, LLC.

In this revised version, we have added a "COMMENTS" section as recommended. You will also find our point-by-point responses to the reviewers' comments in this letter.

We appreciate your valuable time for editing our manuscript. We hope this revised version is suitable for publication.

Regards, Alina Tantau



4 rd Medical Clinic, Cluj-Napoca, 400015, Romania

**Reviewer Code 03475360**

Literature includes really a lot of similar studies concerning the efficacy of endotherapy in reduction of pain in patients with chronic pancreatitis. Despite this I hold the view that the paper sent for a review is designed well enough, is conducted on a large group of patients and describes the new approach to the position of endotherapy in treatment of patients suffering from chronic pancreatitis. I find this paper worth to be published, but only after fixing: - there is a great discrepancy between the data from the abstract and the main text of manuscript - the discussion should include wider description how the paper contributes to the current literature in order to prove that the paper is not derivative - the conclusion should be stated more clearly - the tables in the paper are not compatible with the main text of the manuscript.

**Authors' Response:** Thank you for your valuable time in reviewing our manuscript. We appreciate your positive comments and thank you for the suggestions also.

We have modified the abstract and the tables according to the main text of manuscript. We have emphasized in the discussions section the contributions of this paper to the current literature and we have stated more clearly the conclusions.

**Reviewer Code 03645515**

**Reviewer's Comment:** This is a retrospective study discussing the efficacy of endoscopic therapy in chronic pancreatitis. Overall the study is well written. Results are clear and to the point. Major concern: The tone of the study is over enthusiastic. The notion that almost 100% of patients had some improvement with endoscopic therapy is not consistent with published data. Authors did not do any objective assessment of pain control. This has to be stated clearly in the discussion as a major limitation minor concerns abstract says: "Pain disappeared completely in 52 patients (49.52%) and improved in 53 patients (50.48%)( $P < 0.001$ ) during follow-up." This is in contradiction with the discussion where it mentioned only 80% response rate for pain.

**Authors' Response:** Thank you for your valuable time in reviewing our manuscript. We appreciate your positive comments. This is a single tertiary academic center study and can overestimate clinical success. This study includes a large group of patients with painful chronic pancreatitis hospitalized in our department. We have emphasized and we clearly stated in the discussions part of the manuscript that one of major limitation of study is the absence of any objective assessment of pain control in these patients. We have only used the informations from patient's record regarding the severity and pattern of pain at the start and at the end of study. We have taken your suggestion by modifying that in more than two-third of patients (82.78%) with endoscopic treatment intention the pain was significantly improved at the end of study.

**Reviewer Code 00068567**

1 The abstracts should be rewritten as the context of the abstract did not show main results of the study as it was described in the context 2. In table 2 and table 3, it should be presented at odds ratio rather than 2 by 2 column. 3. In table 5, although the authors did not have information of pain score before and after treatment but it should be clarified that when authors call successful pain reduction. Moreover it is unfair to

conclude clinical result at the end after study without showing information that how long the patient had been followed up before the clinical results were concluded. In fact definition of success should be clearly clarified such as successful pain reduction with or without stent in place, what the definition of no recurrent is? etc. Authors stated that median follow up time was 15 months. 4. In table 6 the super script might be wrong please clarify. Please clarify in the description of the table what is the procedural definition. 5. In table 6, 7, it should be presented as odds ratio instead of two by two table.

**Authors' Response:** Thank you for your valuable input in our manuscript.

1. Thank you for your suggestions to modify the abstract according the main text of manuscript. We have modified the abstract and the tables according to the main text of manuscript to hopefully be more clear.
2. Thank you for the suggestion to use odds ratio in the tables. We updated the tables that you requested, except table 2, where there was only a description so OR couldn't be computed, and table 6 where the qualitative variable had 3 categories, and we considered the categories to be less appropriate to compute two odds ratios.
3. The pain score was only clinically assessed. We did not use any objective assessment of pain control or standardized instruments for pain quantification and we clearly stated that fact in the discussions part of the manuscript. The severity of pain was qualified as severe, moderate and/or mild with continuous or intermittent pattern according to the patient's medical records at the study enrollment and at the end of follow-up. Complete endoscopic treatment (no further ERCP session and/or no pancreatic stents in situ at the cut-off date) was considered technical success. The absence or important reduction of pain (absent or mild pain) at the end of the follow-up associated with the technical success of endotherapy was considered a clinical success. At the end of study, in 103 patients the endoscopic treatment were considered completed, without any

pancreatic stent in situ and with pain reduction according to the medical records of patients. In six patients were performed one or more pancreatic restenting given the pain persistence and/or recurrence and dilated main pancreatit duct. Two patients had plastic stent in situ but with a significant pain relief at the end of follow-up.

4. In table 6 the super script is not wrong, but we agree it is less clear for the reader what we meant to express. We rewrote the text to hopefully be more clear.