

September 18th, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4221-review.doc).

Title: Nutrition in Chronic Pancreatitis

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 4221

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 reviewers.

We would like to thank the reviewers for very thoroughly and fruitfully inputs to our manuscript. Because our article is part of an overall issue about chronic pancreatitis, we have chosen the more general aspect of nutrition. Many of the comments from the reviewers will be discussed in other articles in this special journal issue on chronic pancreatitis, which have been highlighted for the specific comments below.

The manuscript has been improved according to the suggestions of reviewers and changes highlighted in yellow:

1. The reviewer wrote: This manuscript delivers a wide overview over enteral nutrition in cases of chronic pancreatitis. The nutritional details are well elaborated and abundant. Instead of elaborating on non specific factors of enteral nutrition I would suggest the authors to go more into detail in specific details of nutrition in chronic pancreatitis: 1. Enzymatic supplementation is a difficult task in nutrition in chronic pancreatitis. The authors should elaborate on the calculation of enzyme supplementation and give advice on the amount of enzymes in supplementation. 2. Fecal elastase levels are often promoted as indicators of enzyme necessity. The so called Lund Test is more efficient and valid. The authors should elaborate on these two tests. Many patients with chronic pancreatitis are not transferred early enough to surgical therapy. In several highly ranked publications surgery has been shown to be very efficient in the management of pain in chronic pancreatitis. In the cases cited by the authors were complications (duodenal stenosis, pseudocysts) lead to malnutrition surgery should be a primary indication. Preoperative enteral nutrition to overcome these catabolic stages are not very efficient. Long term treatment with nasogastric tubes or PEG are no long term option. The authors should include the surgical option of treatment, proven to be very efficient in serveral RCT for chronic pancreatitis.

Our reply: These are very relevant aspects and are discussed in detail in other articles in this special issue of the journal about chronic pancreatitis. We have added the importance of surgery alongside nutritional therapy.

2. The reviewer wrote: The authors have done a commendable job in reviewing the topic. However there is a need to take in to account the following in discussion : details of immunonutrition, problems of nutritional rehabilitation in patients with diabetes, those with gastroparesis and diabetic diarrhea/autonomic neuropathy, and those with sitophobia.

Our reply: We have elaborated on details in immunonutrition. Concerning DM, gastroparesis etc. these specific topics are handled elsewhere in this issue of the journal and are therefore not discussed in this article.

3. The reviewer wrote: What is the recommended dose of enzyme supplementation and its efficacy?

Our reply: Exocrine pancreatic insufficiency and its treatment are beyond the scope of this review and discussed in details in another article of this special issue of the journal.

4. The reviewer wrote: What are the recommendations to assess nutritional assessment in patients with CP? Dietary management has been discussed rather briefly. As a review article it should be expanded so that the readers can use the reviewed information in their clinical practice.

Our reply: We think this article both emphasizes the lack of evidence but try to give some practical tools and recommendations as well. We have tried to further emphasize this in the article.

5. The reviewer wrote: Specifically, clarifications are needed on the following: Definition of malnutrition: What is the utility of ESPEN guidelines in patients with CP?

Our reply: ESPEN guidelines provide specific recommendation in CP and further recommends that all patients should be screened with a relevant tool. We provide some further information how to assess nutritional status, however this is not evidence-based but best clinical practice.

6. The reviewer wrote: Lines 31 onwards are difficult to comprehend; need rewriting. How does CP influence nutritional status and: The first para of this section needs to be expanded to make the reader understand the issues better. Similarly detailed description of substrate metabolism would help make the article more effective, preferably with support from the published literature. On the whole there is a need to elaborate on all the points covered by the authors.

Our reply: We have addressed these very important issues made by the reviewer in the article

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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