

Dear Editor in Chief. Professor Andrzej S. Tarnawski

RE: Accuracy of an administrative database for pancreatic cancer by ICD 10th codes: A retrospective large-cohort study

Authors would like to thank the revieweers of the World Journal of Gastroenterology for taking the time to review our article. Thank you very much for giving us an opportunity to revise our manuscript. The reviewer'scommentshave proved very useful in rewriting this paper. The revisions are based on the reviewers' comments and we respond to them point by point. We hope that these changes now make this paper acceptable for publication. The changes are shown as red color in the revised manuscript.

Thank you in advance for your attention to our manuscript.

Sincerely,

Nayoung Kim, M.D., Ph.D.

Responses to reviewer #1's comments

Comment: Thank you for giving me the opportunity to read your paper. The topic is very interesting and could be relevant.

Our response: Thank you for your kind response.

Responses to reviewer #2's comments

Comment: I appreciate the work done by the Authors reviewing the coding system of PC. Topic is of interest since appropriate codification is mandatory for different kind of studies. Limitations have been discussed but I would only suggest to improve the discussion section by underlying the strength points of the paper and possible applications of the achieved results.

Our response: Thank you for the kind response. Following the reviewer's comment

we have revised the discussion section as following (Page 14 line 25 – Page 15 line 5):

‘To prove reliability of administrative database, we examined subjects dividing two groups, definite and possible diagnosis. In addition, we analyzed both disease registries, SNUBH and NHIS. This study also compared with control group for calculating sensitivity, specificity, PPV and NPV.

To identify usefulness of database, we examined cancer location. If researchers could get information of PC site through only ICD-10 code, they can perform the study more easily.

To enhance the diagnostic accuracy, we recommend patient identification by the ICD-10 code with tumor location information and V-code system. From this, we preserved huge administrative database without exclusion. More researches with multiple institutions and various diseases should be needed to practice researches with administrative database.’

The authors really appreciated the reviewer’s kind and accurate comments. Revision based on these comments has improved the accuracy and the quality of the manuscript. We appreciate your efforts.

Sincerely,

Nayoung Kim, M.D., Ph.D.