

Point by Point Answers 12.07.2021

We would like to thank you for reviewing our manuscript and providing helpful comments.

Best Regards

MD Mikael Parhiala and Professor Johanna Laukkarinen

(Round 2) Reviewer #1: Although the number of cases is relatively small, the author conducted a systematic scientific review, and the conclusions drawn as an observational study have certain clinical significance.

Thank you for your comments

(Round 2) Reviewer #2: In the present form, the manuscript can be published.

Thank you for your comments

Reviewer #3: Reviewers' comments Manuscript ID:62405 Title:Surgery for chronic pancreatitis in Finland is rare but seems to produce good long-term results Comments: Abdominal pain in chronic pancreatitis (CP) may require invasive interventions. Surgical procedures are rare, and little is known about the long-term results. Our aim was to study the nationwide frequency of pancreatic surgery for CP in Finland, and the symptoms and quality of life (QoL) after pancreatic surgery for CP in long-term follow-up. All patients in Finland with a diagnosis of CP who had undergone pancreatic surgery during the period 2000-2008 were selected from a national register. Only patients with CP as indication for pancreatic surgery were included. Medical records were studied and questionnaires QLQ-C30, PAN26, AUDIT, symptom questionnaires were sent. The results showed that during the 9-year period, pancreatic surgery for CP was performed on 30 patients (77% men, median age 45 (21-62) years). 83% underwent endoscopic procedures before surgery. Surgery was performed median two (0-10) years after the original CP diagnosis. 17% developed postoperative complications. Primary pain relief after surgery was reported in 70%. Need for strong pain medication was lower after surgery. 8/21 (38%) returned the questionnaires and of their 88% reported that surgery had reduced their pain and 63% were almost or entirely pain-free median 14 (10-18) years after surgery. QoL results did not differ from those in our control Finnish CP group. The data above suggest that surgery for CP is rare in Finland and most of them had prior endoscopic procedures; approximately 0.6-08% of patients underwent surgery for CP during the study period. Patients who returned the questionnaires reported less pain and good QoL during the 14-year follow-up.

It is a topic of interest to the researchers in the related areas , but the paper needs minor improvements before acceptance for publication.

My detailed comments are as follows:

1.the introduction ,materials and methods in the paper work well ,especially0 patients with CP as an indication for pancreatic surgery,QLQ-C30 and PAN-26 (24) questionnaires, AUDIT questionnaires and a non-standardised questionnaire,and the study was approved by the Ethics Committee of Tampere University Hospital, Finland.

Thank you for your comments

2. Results are good and the resolutions of the are high, but the part of dicussion is not well discussed combined with results and references and should make some modifications.

The manuscript discussion has been slightly changed accordingly

3.The references are not up-to-date,references of the last 10 years should be cited,please cite last 10 years references ,especially references for the last 5 years. Pelase make minor revisions, espically in the part of discussion and references. After making minor revisions,the paper may be considered for publication.

The refences have been updated to more recent ones.

Reviewer #4: There is a numerical error: "Conclusions: 0.6-08%" .

The numerical error has been changed correctly.

Although the study collected data for 9 years, the overall number of cases was low and the questionnaire return rate was low. The endoscopic treatment measures taken preoperatively are not detailed. Do patients have other endoscopic minimally invasive treatment measures to choose before surgery?The research process is rigorous and scientific, but the current results are only part of the reference significance.It is suggested to improve the return rate of questionnaire before conducting statistical analysis.

Thank you for your comment. Most patients have endoscopic procedures done before surgery (ERCP) which are also done by the same surgeons who don pancreatic surgery in Finland. Other minimally invasive treatments than ERCP for CP are rare in Finland (eg. ESWL and celiac plexus blockage). The return rate of the questionnaire cannot be improved because of low patient commitment and low patient number.

Reviewer #5: With a small number of cases, the present manuscript does not provide any new information on the surgical treatment of chronic pancreatitis.

The manuscript is limited by low number of surgical patients in Finland, however there is no current data of Finnish CP surgery.

Reviewer #6: I would like to congratulate authors on reporting the outcomes of chronic pancreatitis surgery which are performed only for chronic pancreatitis pain in Finland. In this cross sectional retrospective study, author reported data on 30 patients with chronic pancreatitis and compared them to non surgical chronic pancreatitis historical group. Only 8 patients out of 30 patients returned the questionnaire back, which can be a big limitation of the study and can represent a high number of selection bias. Also, retrospective nature of the study and the fact that data was captured at only one point can further decreases the study's strength. Author tried to compare quality of life parameters for post surgical patients to historical control group who did not undergo surgery, however both groups are heterogenous in terms of demographics and clinical features (more older patients, less men, less ductal lesions in control group) making it difficult to directly compare them. Authors should try to match both groups to derive better conclusion. Given all these limitations mentioned above, I would reject this manuscript.

The manuscript gives a good insight on the CP patients who have undergone surgery in Finland. CP are patients are mostly a heterogenous population with multiple factors that affect pain and QOL. It is most likely that most patiets who have surgery have a different more severe disease.

Reviewer #7: an informative study

Thank you for your review

