

## SPECIFIC COMMENTS TO AUTHORS

Authors have studied the ethno-racial risk factors for CP and its association with PDAC from the national database. In addition to the limitations mentioned in the study authors should highlight that 1. Incidence of PDAC in CP is related to etiology of CP. Risk is significantly higher in hereditary pancreatitis than with alcohol related pancreatitisi. As the etiology is not captured in the database it might introduce bias 2. Duration of CP not mentioned as longer history associated with increased risk 3. Findings may be applicable only to the population studied and cannot be generalized

Response: Thank you for these very helpful suggestions. **These suggestions were** added to our main text as part of the limitations of our study, lines 248-252.



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Manuscript Number: 79010 Title: Demographic and Ethno-racial Risk Factors for Patients Admitted with Chronic Pancreatitis and Pancreatic Ductal Adenocarcinoma There is no doubt that chronic pancreatitis and pancreatic ductal adenocarcinoma have been inextricably linked. The study of the association between chronic pancreatitis and pancreatic ductal adenocarcinoma is helpful for the prevention of pancreatic ductal adenocarcinoma. The authors analyzed the risk of chronic pancreatitis and pancreatic ductal adenocarcinoma based on demographic and ethno-racial risk factors. The primary aim was to evaluate the ethno-racial risk factors for chronic pancreatitis and its association with pancreatic ductal adenocarcinoma. The secondary aim was to evaluate hospitalization outcomes in patients admitted with chronic pancreatitis and pancreatic ductal adenocarcinoma. Here are some suggestions I made after carefully reading the complete article:

1. The data in the manuscript are from the USA population, so the authors should include "USA" in the title so that readers can more directly understand that this work is based primarily on a USA population study.

- Response: USA was added to the title, line 2

2. This sentence is ambiguous and even confusing, and the author should have made it more reasonable. "Hospital admissions for CP was 29 per 100,000, and 2,890 (0.78%) had PDAC."

- Response: the sentence means that in over the period our study, only 29 patients in 100, 000 admitted had CP associated admission.



3. This is a confusing statement. Why "On the contrary"? There is no opposite result in the results? "On the contrary, white men older than 40 years old and overweight with higher income were found to have significant associations with CP and PDAC."

- Response: On the contrary was removed from the sentences, line 60 and line 256.

4. In the conclusion, the meaning of this sentence is rather far-fetched. From this study, it is not accurate to conclude that there are "underlying differences in healthcare access and utilization among different socioeconomic and ethno-racial groups ", unless the authors were able to rule out that there are no differences in chronic pancreatitis and pancreatic ductal adenocarcinoma between black and white races. "This discrepancy may reflect underlying differences in healthcare access and utilization among different socioeconomic and ethno-racial groups."

Response: Differences in access of care in the American healthcare system has been well established.

I hope the author can give reasonable and comprehensive responses to the above issues Overall, I think this is a worthy study that has important implications about chronic pancreatitis and pancreatic ductal adenocarcinoma.



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Read through the whole article, I can see that the author had put a lot of effort into this research. However, due to the limited database information and the short observation period, the readers can get very limited valuable information in this article.

Response: We appreciate the feedback from the third reviewer. However, our study is the largest study in the USA for this subject and the database used is the largest dataset for inpatient patients' information, thus giving the most reliable and comprehensive results on the subject.