

Format for ANSWERING REVIEWERS



May 14, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: The relationship between the exocrine and endocrine pancreas after acute pancreatitis

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 10218

The manuscript has been improved according to the suggestions of reviewers:

Reviewer #02527484:

A: "PEI was defined by the primary authors AND included using..."

Response: Thank you for bringing this to our attention. We have made the required change (Page 5 line 6).

B: Under Statistical analysis – should not start sentence with “p-values” or number as in “95%”

Response: Thank you. The required changes have been made (Page 6 line 32 and Page 7 line 2).

Reviewer #70271

A: It has an adequate syntax, spelling and grammar form. All limitations are well described in the manuscript. There is a consistent discrepancy in the conclusions of the abstract, in contrast to the reflected in the core tip.

Response: Thank you for bringing this to our attention. We have re-worded the conclusions to be more consistent with the core tip (Page 4 line 4-6): the study shows that DM and PEI relatively common after AP, however, DM and PEI concomitantly is relatively uncommon (occurring in 40% of patients).

B: For the information described from Andersson et al. in the materials and methods, an inconsistency has been found in the criteria used to diagnose endocrine and exocrine pancreas function, which are well described in the article.

Response: Indeed, there is an inconsistency between the data presented in our manuscript and the data that were published in the original article by Andersson et al. This is because we had corresponded with Dr. Andersson and managed to get the raw data for the study. This allowed us to use the ongoing need for enzyme supplementation and/or steatorrhoea to define exocrine dysfunction and the 1999 WHO classification for DM to define endocrine dysfunction. This is now explained in the manuscript (Page 6 line 6 and page 7 line 26).

C: In the same context, the manuscript establish that Tsiotos et al. use the 1999 World Health Organization criteria to determine the endocrine function, but the study was published on 1998, please check this information accord the proper dates.

Response: Thank you for bringing to our attention this error. We have amended the manuscript accordingly (Page 8 line 32).

Reviewer #68513

Diabetes mellitus and pancreatic exocrine insufficiency are common after acute pancreatitis. However, its definite natural history is still unclear. This meta-analysis provide a pool estimate of the risk of DM and PEI after AP, which can serve as useful reference for clinicians. So I recommend its acceptance in the special issue.

Response: Thank you for your support and recommendation for acceptance.

Reviewer #2440510

A: There is small discrepancy in the conclusion of the abstract? Concomitant PEI and prediabetes/diabetes is rather uncommon after AP and core tip ?Diabetes mellitus and PEI are common after acute pancreatitis. Concomitant exocrine insufficiency occurs in 40% of patients..."

Response: Thank you for bringing this to attention. We have amended the core tip and conclusions to read more consistently. Please see response A to reviewer #70271.

Reviewer #2462595

This is a nice review on the exocrine and endocrine function of the pancreas after AP. There are several limitations regarding the metaanalysis. Besides the heterogeneity of the analyzed studies, there is no information on the number of attacks during the follow up. This would be very interesting regarding endocrine and exocrine function because we do not know if one attack is sufficient to induce pancreatic insufficiency and weather or not the number of attacks correlates with the insufficiency. However, all limitations are mentioned in the manuscript and the data on concomitant exocrine and endocrine pancreatic function are interesting.

Response: Thank you for your support. We agree that it would be useful to know the number of attacks of pancreatitis in all primary studies, however, as mentioned under limitations of the study (page 13 line 7), there is only one study that reported on number of attacks of AP during follow up. Given insufficient data, we could not account for the number of attacks of AP.

A: In the conclusion of the abstract, you stated? Concomitant pancreatic exocrine insufficiency and prediabetes/diabetes is rather uncommon after acute pancreatitis. In contrast, the core tip and the conclusion of the manuscript say it is common.

Response: Thank you for bringing this to our attention. We have amended the manuscript accordingly. Please also see response A to reviewer #70271.

B: First paragraph of the results section: ?The search strategy identified a total of 48 papers with ...: the last word should be which.

Response: Thank you. We have amended the manuscript accordingly (Page 7 line 12).

C: When you describe the study of Endlicher, it says @ instead of at.

Response: Thank you for bringing this to our attention. We have amended the manuscript accordingly (Page 8 line 14).

The changes to the manuscript are highlighted in yellow in the revised manuscript for easy reference.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

A handwritten signature in black ink, appearing to read 'Max Petrov', with a long horizontal line extending to the right.

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