

Responses to Reviewers:

**Title:** Clinical impact of preoperative acute pancreatitis in patients who undergo pancreaticoduodenectomy.

**Authors:** Yong-hua Chen, Siming Xie, Hao Zhang, Chunlu Tan, Nengwen Ke, Gang Mai and Xubao Liu.

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 14862

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Clinical impact of preoperative acute pancreatitis in patients who undergo pancreaticoduodenectomy" (ESPS Manuscript NO: 14862). The comments were all valuable and very helpful for revising and improving our paper. We have studied the comments carefully and have made corrections that we hope meet with approval. The revised portions are marked in red in the paper. The main corrections in the paper and the response to the reviewer's comments are as follows:

Response to the reviewer's comments:

Reviewer #1:

1. Response to comment: *Language should be extensive revised by native speakers or company.*

Response:

We revised the grammatical mistakes in our manuscript and performed language editing according to the professional advice provided by American Journal Experts.

2. Response to comment: *"The data imply the shorter hospital stay should be added as well as complications."*

Response:

The Reviewer's comment is correct. We have made corrections according to the Reviewer's comments.

3. Response to comment: *"In the last paragraph of Introduction, the aim of "the outcome of the periampullary tumors" is not reported in the results. Please clarify your study objective."*

Response:

The Reviewer's comment is correct. Consistent with the Reviewer's suggestion, we have made corrections in the last paragraph of the Introduction.

4. Response to comment: *"Please explain the reason why choose 145 patients as control?"*

Response:

Consistent with the Reviewer's comments, we have provided more details in the *Methods* section. In our present study, we performed a retrospective analysis of patients from our database who had periampullary tumors and a concomitant PAP at the Pancreatic Surgery Center of West China Hospital between January 1, 2009 and December 31, 2013. As controls, during the same period, patients with pancreatic and periampullary disease who did not have AP but underwent PD were also included in this study. We screened patients who showed no evidence of distant metastasis or local vascular involvement on the CT and/or magnetic resonance imaging (MRI). The interval between the CT and/or MRI and admission was set at less than one week. Patients with a serious coexisting illness, active bleeding, ongoing cholangitis, distant metastasis, local vascular involvement and previous preoperative biliary drainage beyond 2 weeks were subsequently excluded.

From this database, we identified 58 patients with periampullary tumors and concomitant PAP. All of the patients who underwent PD were divided into two groups, which consisted of a "non-AP" group (**control group** with 145 patients who did not have AP) and an "AP" group (34 patients with clinical PAP).

5. Response to comment: *Does you buy the legal edition of SPSS or not? If not, please provide the evidence of authorized sheet?*

Response:

All of the data were collected and analyzed using a legal edition of the SPSS statistical program for Windows, Version 13.0 (SPSS Inc., Chicago, USA). The statistical methods used in this study were reviewed by De-ying Kang from West China Hospital, Sichuan University.

A special thanks to everyone for their helpful comments.

Other major revisions

1. We have revised the format of all of the references according to the ‘Format for references’ guidelines.
2. We have added the “Core tip” and “COMMENTS” section.
3. We revised the grammatical mistakes of our manuscript and performed language editing according to the professional advice provided by the Jing-Yun Ma Editorial Office.

We tried our best to improve the manuscript and made some changes. These changes will not influence the content and framework of the paper. We have not listed the all of the changes here but have marked them in red in the revised paper.

We earnestly appreciate the Editors/Reviewers’ work and hope that the corrections will meet with approval.

Once again, thank you very much for your comments and suggestions.

Yours sincerely,

Corresponding author: Xubao Liu

Responses to Editor-in-Chief's comments:

**Title:** Clinical impact of preoperative acute pancreatitis in patients who undergo pancreaticoduodenectomy.

**Authors:** Yong-hua Chen, Siming Xie, Hao Zhang, Chunlu Tan, Nengwen Ke, Gang Mai and Xubao Liu.

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 14862

Dear Editor-in-Chief:

Thank you for your letter and for the Editor-in-Chief's comments concerning our manuscript entitled "Clinical impact of preoperative acute pancreatitis in patients who undergo pancreaticoduodenectomy" (ESPS Manuscript NO: 14862). The comments were all valuable and very helpful for revising and improving our paper. We have studied the comments carefully and have made corrections that we hope meet with approval. The revised portions are marked in red in the paper. The main corrections in the paper and the response to the Editor-in-Chief's comments are as follows:

1. Response to the Editor-in-Chief's comments: Response to comment: *In my opinion the paper is acceptable, but the World Journal of Gastrointestinal Surgery or the World Journal of Gastrointestinal Oncology are better fit.*

Response:

Thank you very much to consider for accepting our manuscript, and we hope to publish our manuscript on World Journal of Gastroenterology.

As the reviewer's comments, our study is an interesting study in which analyzed the effect of PAP on tumors. There are some innovative and clinical value in our present study. Moreover, our present study indicated the useful clinical experience of the treatment strategy for patients with periampullary tumors and concomitant preoperative.

It is well known that acute pancreatitis (AP) may occur in association with a periampullary neoplasm. However, to date, it remains unclear how preoperative AP (PAP) affects the surgical management of periampullary tumors. We analyzed patients with periampullary tumors and concomitant PAP who were treated in a high-volume center. In the present study, we showed that PAP delays the resection of periampullary tumors and significantly increases the incidence of severe complications and lengthens the hospital stay following pancreaticoduodenectomy (PD). PD could be safely performed in highly selective patients with PAP.

2. Response to comment: *1) A retrospective study requires Institutional Research Committee approval at least in USA and Europe.*

Response: Consistent with the Editor-in-Chief's comments, our study was conducted in accordance with the principles of the Declaration of Helsinki and the guidelines of West China Hospital. We have stated the Ethics approval in First paragraph in the "MATERIALS AND METHODS" section, and we have made the corrections according to the Editor-in-Chief's comments.

3. Response to comment: 2) *An endoscopic ultrasonography (EUS) with FNA is often more precise than CT scan.*

Response: As the Editor-in-Chief's comments, the endoscopic ultrasonography (EUS)-guided fine needle aspiration (FNA) is often more precise than CT scan to diagnose the pancreatic diseases. We are very sorry for neglecting to clear statement of this matter. Actually, most of the patients in our present study had underwent EUS and/or EUS-guided FNA. We have made the corrections according to the Editor-in-Chief's comments.

A special thanks to everyone for their helpful comments.

We earnestly appreciate the Editors/Reviewers' work and hope that the corrections will meet with approval.

Once again, thank you very much for your comments and suggestions.

Yours sincerely,

Corresponding author: Xubao Liu