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*World Journal of Transplantation*.

Dear Editors;


Please find enclosed a revised version of our manuscript entitled "**ISLET AUTOTRANSPLANTATION AFTER TOTAL PANCREATECTOMY:A Decade Nationwide Analysis** " by Fazl Alizadeh et al., which we are resubmitting for consideration for publication on *World Journal of Transplantation*.  We are grateful to the editor and the reviewers for the positive overall feed-back and for the helpful criticism.  Our revised paper is much improved, and we are hopeful that it now fulfils the quality standards needed for acceptance on *World Journal of Transplantation*.

We are herein enclosing a point-by-point response to reviewers' comments.


Best regards,

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**A point-by-point response to reviewers' comments.**

**1. As authors have said the pain in CP is multifactorial and one of the factors is involvement of retroperitoneal nerve involvement which may not respond to Total pancreatectomy.**

Answer: We agree with reviewer's comment. The NIS database does not distinguish between CP patients that are and are not responsive or helped by TP. This is one of limitation in this study.


**2. The lesser morbid procedure is Lateral pancreticojejunostomy as it helps in reducing the ductal pressure and thereby pain. What was the etiopathogenesis of CP in this series?**

Answer: We were not able to identify the etiopathogenesisi of the chronic pancreatitis in this study by NIS database, which doesn't provide the variables defining the etipatjogenesis. We only could identify the diagnosis for the patients. (NIS has 25 diagnosis variables, which the first one is the admission diagnosis.)

## 3. What was the effect of TP+IAT on the requirement of analgesia before and after Surgery?

Answer: NIS database does not provide information regarding long term outcomes and follow up information of patients. Therefore there are no available data for analgesia status before and after surgery. But, there are other published papers that explain the effects of TP+IAT on the pain control before and after the surgery. We included those papers as references.

24.Rodriguez Rilo HL, Ahmad SA, D'Alessio D, Iwanaga Y, Kim J, Choe KA, Moulton JS, Martin J, Pennington LJ, Soldano DA, Biliter J, Martin SP, Ulrich CD, Somogyi L, Welge J, Matthews JB, Lowy AM. Total pancreatectomy and autologous islet cell transplantation as a means to treat severe chronic pancreatitis. J Gastrointest Surg. 2003;7(8):978-89. [PMID: 14675707 DOI: S1091255X03001938 [pii].]

25. Ris F, Niclauss N, Morel P, Demuylder-Mischler S, Muller Y, Meier R, Genevay M, Bosco D, Berney T. Islet autotransplantation after extended pancreatectomy for focal benign disease of the pancreas. Transplantation. 2011;91(8):895-901.[ PMID: 21372755 DOI: 10.1097/TP.0b013e31820f0892.]

26.Crippa S, Tamburrino D, Partelli S, Salvia R, Germenia S, Bassi C, Pederzoli P, Falconi M. Total pancreatectomy: indications, different timing, and perioperative and long-term outcomes. Surgery. 2011;149(1):79-86. [PMID: 20494386 DOI: 10.1016/j.surg.2010.04.007S0039-6060(10)00202-3 [pii].]

## 4. Better would to add paragraphs on methods of surgical intervention and IAT.

Answer: The surgical methods have been added to the introduction part.

## 5. There is no information on patient after the discharge from the hospital which undermines the outcome.

Answer: We agree and would like to include the information. Nationwide Inpatient Sample (NIS) database from 2002 through 2012 was used for this study. NIS is the largest inpatient care database in the USA maintained by the Agency for Healthcare Research. It is an annually compiled database containing information on more than 8 million hospital admissions each year, which represents 20% of all US hospital discharges to calculate population estimates. Unfortunately, NIS does not provide information regarding long term outcomes and follow up information of patients; therefore there are no available data for patient after the discharge from the hospital.