

Review (03547237)

Reference According to author's guideline of World Journal of Gastroenterology, the journal article reference styles should be as follow: Yoshida K, Toki F, Takeuchi T, Watanabe S, Shiratori K, Hayashi N. Chronic pancreatitis caused by an autoimmune abnormality. Dig Dis Sci 1995;40:1561-1568 [ PMID:7628283 DOI:10.1007/BF02285209]

The journal article reference styles were changed according author's guideline.

Review (00004764)

Major comments

1. You discuss the difference between Type 1 and Type 2 autoimmune pancreatitis. However, you did not address this throughout the manuscript regarding complications. Is there enough literature to discern whether the natural history of Type 1 and Type 2 is different? Did the papers address this issue? Otherwise, the data may be somewhat irrelevant unless the topic you are discussing only is in regard to the long-term outcome of Type 1. If so, that must be made clear.

To the best of our knowledge, few studies that examined long-term outcomes of type 2 AIP in detail has been published because of the small number of patients with type 2 AIP. Under such a background, in our revised manuscript, we exerted efforts to discuss the long-term outcome of each type of AIP by differentiating between type 1 and type 2 AIP.

2. Throughout the manuscript it may be helpful when describing long-term studies that you specifically give the years of study.

Thank you for your comment. However, we have already given the years of each study in Table 1, 2, and 3.

#### Minor Comments

1. Under development of pancreatic functional impairment, line 5, you should put “after 46-67% of cases, respectively”.

I added “respectively” after “46%–67% of cases”.

2. Line 8 in “Does AIP progress to ordinary CP?” – chronic is misspelled.

Thank you for detecting the misspelling. The word was corrected.

3. Development of pancreatic and extra-pancreatic in AIP – you mention population bias but this should be better described.

We mean it is impossible to calculate the accurate prevalence of the development of PC in AIP from data of previous studies because the clinical profile of patients and the surveillance strategy of AIP during follow-up differ depending on studies. The above information was added in p. 6, line 22-23.

4. Is the natural history different for patients on long-term steroids? What about use of Imuran or rituximab?

Recently, a study on outcome of long-term maintenance steroid therapy cessation in AIP patients has been published. We summarized this study in a newly added paragraph “Outcomes of long-term maintenance steroid therapy” in our revised manuscript. The long-term outcome after treatment with immunomodulators such as azathioprine, or rituximab is unknown because of the absence of study concerning it.

#### Review (1804189)

Authors should also provide information about long term outcome of therapy in these patients along with recommendations on how to maintain remission in

these patients.

Thank you for your valuable comment. We provided information about outcome of long-term maintenance steroid therapy and recommendations on how to maintain remission by quoting the Japanese guideline for the management of AIP (p. 8, line 18-32).