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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 42813

Title: CT Scan Imaging in Diagnosing Acute Uncomplicated Pancreatitis: Usefulness vs Cost

Reviewer's code: 03720781

Reviewer's country: China

Science editor: Xue-Jiao Wang

Date sent for review: 2018-11-12

Date reviewed: 2018-11-17

Review time: 5 Hours, 5 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

We think that the overutilization of CT imaging within patients presenting with AUP is a familiar phenomenon either in American or our country (China), although there have no associated study in our country. 'The work done by the authors of this article is



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valuable to clinical practice and indicated increasing guideline adherence on initial management of AP for clinician is urgent task. We agree with that multi-interdisciplinary quality improvement initiatives should be implemented to enhance adherence to guidelines and reduce healthcare cost, and ultimately improve patient care in the future.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

- ☐ The same title
- ☐ Duplicate publication
- ☐ Plagiarism
- ☐ No

BPG Search:

- ☐ The same title
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- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 42813

Title: CT Scan Imaging in Diagnosing Acute Uncomplicated Pancreatitis: Usefulness vs Cost

Reviewer's code: 00037018

Reviewer's country: Italy

Science editor: Xue-Jiao Wang

Date sent for review: 2018-11-21

Date reviewed: 2018-11-21

Review time: 6 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This single-center retrospective study describes a large cohort of patients diagnosed with uncomplicated pancreatitis on the basis of clinical/laboratory criteria from a large hospital. Almost half of the patients underwent CT scan, that was uneventful in the large



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majority of patients. Costs associated with useless CT scan correspond to almost 1000000\$. This study inappropriate use of health care resources to examine by CT patients that have no benefit from this exam (i.e., diagnosed with uncomplicated pancreatitis). The article is well writte and discussed. It is descriptive in nature, but still of great relevance and interest. There are some clarifications that according to this reviewer could further improve the manuscript: - about 50% of patients with a clinical diagnosis of uncomplicated pancreatitis underwent the CT scan: what as the criteria by which a patient with uncomplicated was elected to the CT scan? Was that stochastic or there was any clinical/demographic/laboratory difference among the two patients populations? - how many patients were excluded from the study for the criterias "Exclusion criteria included patients with BISAP and Ranson's score 3 or greater, those admitted to the intensive care unit, or those with documented history of recurrent or chronic pancreatitis." in total and for each criteria? - the statistical paragraph looks a bit naive, this reviewer is not sure excel is a general term, may be propetary (perhaps spreadsheet is a more general term)? - could the authors describe which drugs were associated to pancreatitis in the 14 cases of drug induced pancreatitis presented in their cohort? - in the discussion, the sentence "Given that recent literature has suggested that Ranson's criteria tends to favor false positives, using the Ranson's Criteria reduced the risk that patients in our population cohort were falsely identified as AUP" seems unclear, please revise as needed - in the abstract and methods, the acronym ICD and K## are unclear, please define. - please check that tables (in particular table 2) should be self explanatory and all acronyms should be defined; - Figure 1 is not necessary, as the same information is present in the text of the manuscript. Check for this also the tables, they should include non reduntant information.

INITIAL REVIEW OF THE MANUSCRIPT



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- ☐ No

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 42813

Title: CT Scan Imaging in Diagnosing Acute Uncomplicated Pancreatitis: Usefulness vs Cost

Reviewer's code: 03244495

Reviewer's country: China

Science editor: Xue-Jiao Wang

Date sent for review: 2018-11-16

Date reviewed: 2018-11-27

Review time: 4 Hours, 11 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

1. The diagnosis of AP is made by the presence of two of the three following criteria: (i) abdominal pain typical for AP (acute, constant, epigastric abdominal pain or right upper quadrant pain radiating to upper back) (ii) serum amylase and/or lipase level greater

than three times the upper limit of normal, and/or (iii) characteristic findings on abdominal imaging. The author retrospectively analyzed 1305 AP patients with abdominal pain accompanied by elevation of serum amylase or lipase; However, in clinical practice, patients have different onset and treatment time, individual differences, and disease degree, especially the onset and treatment time, which have certain effects on laboratory indicators; Some patients were treated at the early stage of the disease, and the laboratory indicators might be in the normal range, at which time the imaging showed AP. This is due to the limitations of the retrospective study conducted by the authors. In addition, the author did not mention the onset and time of treatment. 2. In addition, the diagnostic guidelines indicate that two of these are sufficient to make a diagnosis of AP; In the diagnosis of diseases, laboratory examination and imaging examination are both the diagnostic criteria of grade II, and they complement each other. Imaging examination can not only provide the basis for diagnosis, but also assess disease progress, treatment effect, etiology of AP, etc. In clinical practice, some of the patient's laboratory indicators returned to normal and the imaging examination was still abnormal. The author only compared the average length of hospital stay between the two group and did not propose the evaluation criteria for the patient's cure. 3. The last item in the BISAP Score of AP is "Pleural effusion present on imaging". How can patients without radiographic examination in this paper determine whether there is Pleural effusion? 4. The author pointed out BISAP and Ranson's scores less than or equal to 2 for both were included to suggest AUP. But in the BISAP scores, One of them is that "≥2 SIRS Criteria" is denoted by 1 point. If the patient is accompanied by SIRS and the patient score does not exceed 2, AUP is also included ? But SIRS is one of the systemic complications of AP, does this contradict with AUP? 5. The author pointed out that Chronic pancreatitis was not included, but in clinical practice, some patients had acute episodes of chronic pancreatitis, who may have had mild symptoms before and did not



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know they had a history of chronic pancreatitis, which was found to be an acute attack of chronic pancreatitis in the imaging examination, Will such patients be included in cases not examined by imaging? 6. In the article, 405 patients with AUP did not progress during the treatment process? 7. It is suggested that the authors compare the value of using laboratory tests and imaging tests to diagnose AUP.

INITIAL REVIEW OF THE MANUSCRIPT

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