



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 51815

**Title:** Is Aggressive Intravenous Fluid Resuscitation Beneficial in Acute Pancreatitis? A Meta-analysis of Randomized Control Trials and Cohort Studies.

**Reviewer’s code:** 00053888

**Position:** Editorial Board

**Academic degree:** FRCS (Gen Surg), MD

**Professional title:** Attending Doctor, Doctor, Surgeon

**Reviewer’s country:** United Kingdom

**Author’s country:** United States

**Manuscript submission date:** 2019-10-04

**Reviewer chosen by:** Jin-Zhou Tang

**Reviewer accepted review:** 2019-10-11 08:50

**Reviewer performed review:** 2019-10-11 09:39

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input checked="" 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 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



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## **SPECIFIC COMMENTS TO AUTHORS**

The authors have carried out a meta-analysis of aggressive fluid resuscitation in acute pancreatitis. This is an important topic and a means of treatment that is regularly taught by clinicians. The data supporting this approach is controversial and this study has aimed to address the subject. It is clear from their methodology that much of the published evidence is weak, with poorly designed studies and inadequate end points. The authors started with a large number of studies but ended having to include only 11 that fulfilled the study requirements. These data demonstrate that the use of aggressive fluid resuscitation versus goal directed fluid resuscitation could actually be harmful. The authors quite rightly suggest that further data is required before a definitive answer can be given but the manuscript is certainly a very useful addition to the published literature.

## **INITIAL REVIEW OF THE MANUSCRIPT**

### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- No

### ***BPG Search:***

- The same title
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- Plagiarism
- No



**PEER-REVIEW REPORT**

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

**Manuscript NO:** 51815

**Title:** Is Aggressive Intravenous Fluid Resuscitation Beneficial in Acute Pancreatitis? A Meta-analysis of Randomized Control Trials and Cohort Studies.

**Reviewer’s code:** 00916026

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Associate Professor

**Reviewer’s country:** Italy

**Author’s country:** United States

**Manuscript submission date:** 2019-10-04

**Reviewer chosen by:** Jin-Zhou Tang

**Reviewer accepted review:** 2019-10-12 06:58

**Reviewer performed review:** 2019-10-12 15:13

**Review time:** 8 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:
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		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
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#### **SPECIFIC COMMENTS TO AUTHORS**

Good paper, useful for clinical practice

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

**Manuscript NO:** 51815

**Title:** Is Aggressive Intravenous Fluid Resuscitation Beneficial in Acute Pancreatitis? A Meta-analysis of Randomized Control Trials and Cohort Studies.

**Reviewer's code:** 00069827

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's country:** Lithuania

**Author's country:** United States

**Manuscript submission date:** 2019-10-04

**Reviewer chosen by:** Jin-Zhou Tang

**Reviewer accepted review:** 2019-10-13 15:37

**Reviewer performed review:** 2019-10-13 16:37

**Review time:** 1 Hour

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:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
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<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
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## **SPECIFIC COMMENTS TO AUTHORS**

The topic is interesting, so a short meta-analysis definitely has a place. Overall, paper is well written and concise. However, several issues should be addressed prior to the publication: 1. From the clinical point of view the presented highlights and the discussion are incorrect. The authors statements that aggressive IV fluid therapy improves mortality in any AP patient and early aggressive IV fluid therapy is recommended are no longer true - see the last recommendations (JPN 2015, AGA 2018, WSES 2019). All guidelines advocate moderate and goal directed i/v fluid administration, although recognize that further analysis of volume and type of fluids is needed. 2. Methodology: what was the exact search strategy and terms used? 3. Methodology: how was the quality of included papers assessed.

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**PEER-REVIEW REPORT**

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

**Manuscript NO:** 51815

**Title:** Is Aggressive Intravenous Fluid Resuscitation Beneficial in Acute Pancreatitis? A Meta-analysis of Randomized Control Trials and Cohort Studies.

**Reviewer's code:** 03372827

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Doctor, Professor, Surgeon

**Reviewer's country:** China

**Author's country:** United States

**Manuscript submission date:** 2019-10-04

**Reviewer chosen by:** Artificial Intelligence Technique

**Reviewer accepted review:** 2019-10-08 15:07

**Reviewer performed review:** 2019-10-23 04:01

**Review time:** 14 Days and 12 Hours

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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## **SPECIFIC COMMENTS TO AUTHORS**

The manuscript is a meta-analysis of the evidences on the intravenous fluid strategy for acute pancreatitis. The topic titled “Aggressive Intravenous Fluid Resuscitation Beneficial in Acute Pancreatitis” is indeed controversial in clinic, and some conclusions were drawn in this manuscript according to the analysis method. Major revision 1. The heterogeneity in the study is relatively large. Though the reasons for such a great heterogeneity are discussed in the manuscript, it was not stated whether baseline data of enrolled patients (gender, age, presence of underlying disease, etc.) were provided in each reference included in the study or whether baseline data of intergroup patients were statistically analyzed in these references. The statistical differences existed in baseline data? In addition, a quality assessment for the references is required. 2. Clinical classification of acute pancreatitis has great influence on prognosis. Three subtypes of acute pancreatitis were mentioned, but it was not stated whether clinical classification of patients with acute pancreatitis was provided in the included references. I suggested that if the references included in the study provide the above data or data, it is recommended to conduct subgroup analysis according to different baseline data and clinical classification of acute pancreatitis, so as to reduce heterogeneity and improve the credibility. Or If the references included in the study did not provide the above data, a more detailed explanation should be given in the study. 3. Inclusion criteria for this study indicated that the study should be designed as a randomized controlled trial or cohort study, otherwise excluded. Randomized controlled trials and cohort studies are prospective studies and should generally be statistically analyzed using relative risk values. The random effects model and fixed effects model were also mentioned in the paper to analyze the corresponding relative risk, but all the forest pictures showed the corresponding odds ratio. whether it was a fault in the use of the analysis software, or



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author confused both of them? The difference affect the results and conclusions? 4. With a long time span of the literature inquired in this study, and development in the treatment of acute pancreatitis, are the standards of intravenous fluid resuscitation consistent in the included references? Is it combined with other treatments? The above questions should be checked and analyzed for their influence on the research results and should be extensively explained. Minor revision 1. a funnel plot is required in the manuscript

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