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Dear Mr. Ma,

Manuscript reference number: 65911

Title: Pain management in chronic pancreatitis incorporating safe opioid practices: Challenge accepted

Thank you for the provisional acceptance of our manuscript. We really appreciate the thorough and detailed review of our manuscript, and the comments and points raised by the reviewers.

We have acknowledged and responded to the comments and recommendations made by the reviewers. These changes have been incorporated in the manuscript.

Our point-by-point responses are as follows:

1. Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** Dear authors, thank you for submitting your manuscript to our journal. The title of your manuscript reflects the main subject, the Abstract summarizes and reflects the work described in the manuscript. The manuscript adequately describes the background, present status and significance of the literature review. Even though your manuscript isn't the result of a study, the literature review is well done and brings an important discussing point in detail in pain management of these patients. One point is too short, that's the conclusion of your manuscript. It would be a good idea to show, what is the exact conclusion for patients in practice. I would recommend to revise the manuscript in that point. References have a wide range of different authors. The manuscript cites appropriately important and authoritative references. There are no self-citations from the authors. In total the manuscript is concisely and coherently organized and presented. Style, language and grammar are accurate and appropriate. The manuscript can be published as a literature review or for editorial. Beste regards! Your reviewer

Thank you for your detailed and thoughtful review. This is an excellent point. We have now expanded our conclusion in the manuscript. We have highlighted the need for a multidisciplinary approach in close coordination with a pain management physician with the goal of catering to each patient's individual needs while at the same time ensuring safe opioid prescription practices using a wide range of strategies.

2. Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The manuscript with the title “Pain management in chronic pancreatitis incorporating safe opioid practices: Challenge accepted” is an editorial addressing mostly to the opioid treatment in patients with chronic pancreatitis. The paper covers the whole treatment of pain in chronic pancreatitis, the medical one and also the surgical, but mostly is addressing to the problem of using opioids. The editorial is clear, well balanced and easy to read. It is revealing the problems induced by the opioid treatment and the fact that there are no current guidelines in this direction. The conclusion is clear and erases the idea of new studies and improved guidelines about the opioid treatment. The actual guidelines are lacking a clear recommendation about dosage and choosing the opioid drug. The references are recent, very well chosen. However, the European guidelines are lacking, Löhr JM et al; HaPanEU/UEG Working Group. United European Gastroenterology evidence-based guidelines for the diagnosis and therapy of chronic pancreatitis (HaPanEU). United European Gastroenterol J. 2017 Mar;5(2):153-199. doi: 10.1177/2050640616684695. Including also this guideline would make a complete editorial. Nevertheless, the manuscript is valuable.

[Thank you for your detailed review. We agree that adding this reference would be very valuable to the manuscript and contribute to a comprehensive review of literature. We have now added the European guidelines as a reference.](#)

3. Reviewer #3:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:** Many people with chronic pancreatitis have long-term chronic pain problems. Some patients still cannot control their pain after treatment according to the guideline regimen. Opioids, on the other hand, are powerful painkillers, but also highly addictive. Whether or not opioids are appropriate for patients with chronic pancreatitis, or the type and dosage of opioids, is not well established. It may be more appropriate to combine with the advice of the pain doctor according to the individual situation of each patient.

[Thank you for your review and comment. This is an excellent point. We have added some sentences to our conclusion emphasizing the value of incorporating a multidisciplinary approach in close coordination with pain management physicians in order to cater to each patient's individual situation.](#)

4. **Science editor:** 1 Scientific quality: The manuscript describes a Editorial of the opioid use in chronic pancreatitis. The topic is within the scope of the WJG. (1) Classification: Grade B, Grade C and Grade C; (2) Summary of the Peer-Review Report: Style, language and grammar are accurate and appropriate. Reference should be reorganized. The questions raised by the reviewers should be answered; (3) Format:

There is no table or figure; (4) References: A total of 40 references are cited, including 13 references published in the last 3 years; (5) Self-cited references: There is no self-cited reference; and (6) References recommendations (kindly remind): The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to [editorialoffice@wjgnet.com](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A, Grade A and Grade B. The authors are native English speakers. 3 Academic norms and rules: No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJG. 5 Issues raised: PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Example: Antoniou SA, Kohler G, Antoniou GA, Muysoms FE, Pointner R, Granderath FA. Meta-analysis of randomized trials comparing nonpenetrating vs mechanical mesh fixation in laparoscopic inguinal hernia repair. *Am J Surg* 2016; 211: 239-249 [PMID: 26316363 DOI: 10.1016/j.amjsurg.2015.06.008]. Please revise throughout. 6 Recommendation: Conditional acceptance.

All our references have PubMed ID and DOI, except reference no. 12, for which a DOI is not available – “[Jadad AR, Browman GP. The WHO analgesic ladder for cancer pain management. Stepping up the quality of its evaluation. \*JAMA\*. 1995 Dec 20;274\(23\):1870-3. \[PMID: 7500538\].](#)”

5. **Company editor-in-chief:** I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, the author(s) must add a table/figure to the manuscript.

[Thank you for your excellent suggestion. We have added a figure outlining a stepwise strategic approach for opioid use in chronic pancreatitis. We have appropriately cited this figure on page 6 of the manuscript.](#)

Once again, thank you for the detailed review. Please let us know if any additional information or edits are required.

Thank you for your consideration and we look forward to hearing from you.

Regards,  
Sunil Sheth MD  
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