



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 70918

**Title:** Yield of testing for micronutrient deficiencies associated with pancreatic exocrine insufficiency in a clinical setting: An observational study

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05372169

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Italy

**Author's Country/Territory:** United Kingdom

**Manuscript submission date:** 2021-08-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-08-27 13:53

**Reviewer performed review:** 2021-09-02 08:06

**Review time:** 5 Days and 18 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

The authors aimed to prospectively assess the yield and type of pancreatic exocrine insufficiency associated micronutrient deficiencies (PEI-MD) in patients with and without PEI secondary to benign pancreatic diseases. 1. Please add a Table reporting the final diagnosis of the 112 patients enrolled into the study. 2. How many patients has fecal elastase concentration less than 100 mcg/g? 3. How many patients had symptoms related to steatorrhea? Please add a Table reporting the possible relationships between PEI assessed by fecal elastase concentrations and clinical symptoms (Pezzilli R, et al. *Pancreas*. 2020 Jul;49(6):793-798.). 4. The authors stated that the prevalence of micronutrient deficiencies was significantly higher in patients with PEI than those without (7%) which confirms the association from previous studies. Please add references. 5. The discussion contain a repetition of data already present in the results: Please modify. 6. Please reference the methods used to evaluate the micronutrients. 7. It is not clear as the authors selected only prealbumina, selenium and magnesium among the various micronutrients they evaluated. 8. The authors suggest that the accuracy of using the significant micronutrients identified in the cohort as a predictor of PEI showed a positive predictive value of 80-85.7%% (95% Confidence interval (CI:38-100%) and a low sensitivity of 9.8-19.5% (95% CI: 3.3-34.9%). For this reason probably the substances tested may be used as guide to select those patients that must be supplemented.



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**Peer-review model:** Single blind

**Reviewer's code:** 05260751

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** United Kingdom

**Manuscript submission date:** 2021-08-19

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-08-26 04:05

**Reviewer performed review:** 2021-09-02 12:05

**Review time:** 7 Days and 7 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input type="checkbox"/> ] Anonymous [ <input checked="" type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

Comments and Suggestions for Authors The paper by Mustafa Jalal et al describes that micronutrient deficiencies, in particular prealbumin, selenium, and magnesium, predict PEI especially when CP is present. It is suggested that MD in patients with suspicious of PEI and pancreatic disease is recommended to be tested for PEI. The paper is well-written and with clear objectives, but it might be improved with the following suggestions: Line180-There is not enough clinical data, which should be completed: Steatorrhea, jaundice, pain, etc. Line 182 - Why was the 30 patients without a CT scan enrolled in this study? And what is their definitive diagnosis? Line 193- Were there any cases of pancreatic duct stenosis in the patients with CP? Line 195- Were there any cases in the patients with idiopathic PEI that suspected early chronic pancreatitis (JPS 2009 criteria)? Line 226- Did the accuracy of using the significant micronutrients identified in your results as a predictor of CP in your cohort show?



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**Peer-review model:** Single blind

**Reviewer's code:** 05170451

**Position:** Editorial Board

**Academic degree:** MD, MSc

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Thailand

**Author's Country/Territory:** United Kingdom

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**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-08-26 03:27

**Reviewer performed review:** 2021-09-03 04:43

**Review time:** 8 Days and 1 Hour

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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### **SPECIFIC COMMENTS TO AUTHORS**

Thank you for giving me a chance to review this research regarding PEI and micronutrient deficiencies. My major comments are as follows: 1. The small sample size in this study may lead to inadequate power of the research. 2. The majority of patients with PEI were identified as "idiopathic PEI", which may lead to limitation for generalization in clinical practice. More investigations, e.g. EUS, may be needed to identify the etiology of PEI. 3. Most patients were not evaluated for fat soluble vitamins, which are the major concerns in patients with PEI. 4. Some micronutrients, e.g. Zn, RBP, Cu, are affected by inflammation. In this case, CRP should be evaluated.