

## PEER-REVIEW REPORT

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

**Manuscript NO:** 79922

**Title:** Challenges for clinicians treating autoimmune pancreatitis: Current perspectives

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

**Peer-review model:** Single blind

**Reviewer's code:** 05572940

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Assistant Professor

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

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2022-09-12

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-26 01:36

**Reviewer performed review:** 2022-09-26 02:12

**Review time:** 1 Hour

Scientific quality	<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 Grade E: Do not publish
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript use reliable research methods?

	<input type="checkbox"/> [41] Yes <input type="checkbox"/> [40] No Are the manuscript-accompanying data and figures authentic? <input type="checkbox"/> [51] Yes <input type="checkbox"/> [50] No Does this manuscript make scientifically significant conclusions? <input type="checkbox"/> [61] Yes <input type="checkbox"/> [60] No
<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
<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
<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

## SPECIFIC COMMENTS TO AUTHORS

This is a review article showing the current perspectives of autoimmune pancreatitis.

This may be interest to the readers of this journal. However, there are some problems.

#1 Recently, cases of pancreatic cancer or cholangiocarcinoma complicating autoimmune pancreatitis have been reported. We recommend additional references and discussion of the association with these malignancies. #2 The most important question for the patient is whether AIP is a life-threatening disease. More discussion of life prognosis is needed. #3 It is well known that in AIP, steroid treatment improves pancreatic swelling and decreases serum IgG4 levels. So, does it also improve the exocrine and endocrine functions of the pancreas? #4 In AIP with biliary obstruction, bile duct stenting via ERCP is performed. However, is stenting necessary in all obstruction cases? Is it acceptable to start steroid therapy first? Please indicate the treatment strategy for AIP complicated with obstructive jaundice.

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**Peer-review model:** Single blind

**Reviewer's code:** 00724362

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Doctor

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

**Author's Country/Territory:** South Korea

**Manuscript submission date:** 2022-09-12

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-28 10:52

**Reviewer performed review:** 2022-09-28 11:51

**Review time:** 1 Hour

Scientific quality	<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
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript use reliable research methods?

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<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
<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

## SPECIFIC COMMENTS TO AUTHORS

I suggest inclusion of the following topics to improve the quality of the manuscript: In this kind of article, it is the most important to emphasize following: - IgG4 serum level alone lacks sensitivity and specificity but can be helpful to establish the diagnosis of AIP type 1, and therefore should be measured if IgG4-related gastrointestinal disease is suspected (normal serum IgG4 does not exclude AIP type 1). - IgG4 serum levels seem to have diagnostic value when the level is higher than four times the upper level of normal, which is the case in only a minority of patients - As with its poor quality in establishing the diagnosis of IgG4-related disease serum, IgG4 levels cannot contribute to accurately monitoring disease course, nor does it sufficiently correlate with the development of complications or even with relapse - Although an increased IgG4 plasma cell count is an important finding, it is not diagnostic of AIP type 1 if found in isolation - A biopsy showing little, or no evidence of AIP cannot be used in isolation to exclude this diagnosis, unless a positive alternative diagnosis can be made - For the

diagnosis of AIP, the number of IgG4+ plasma cells should exceed 50 cells/high-power field (HPF) in surgical specimens and 10 cells/HPF in biopsy samples (average of counts in three hot spots. In addition, the IgG4/IgG ratio should be more than 40%. You can discuss differences between ICDC and pathological classification criteria. Authors did not mention risk of pancreatic cancer in AIP and in IgG4 in general. How these patients (AIP) are followed? Other comments: Pancreatic exocrine insufficiency and diabetes mellitus occur commonly in AIP. AIP type 2 is just barely mentioned. AIP NOS is not mentioned – it is a part of ICDC classification 1-2 in the sub-title you use abbreviation ERCP and in the text ERP What is the role of surgery in AIP? I suggest reading and citing following articles: United European Gastroenterology evidence-based guidelines for the diagnosis and therapy of chronic pancreatitis (HaPanEU) - PubMed (nih.gov) European Guideline on IgG4-related digestive disease - UEG and SGF evidence-based recommendations - PubMed (nih.gov) Unraveling the relationship between autoimmune pancreatitis type 2 and inflammatory bowel disease: Results from two centers and systematic review of the literature - PubMed (nih.gov) Incidence of endocrine and exocrine insufficiency in patients with autoimmune pancreatitis at diagnosis and after treatment: a systematic review and meta-analysis - PubMed (nih.gov)

The Clinical Utility of Soluble Serum Biomarkers in Autoimmune Pancreatitis: A Systematic Review - PubMed (nih.gov) Pancreatic cancer in patients with autoimmune pancreatitis: A scoping review - PubMed (nih.gov) Efficacy and safety of rituximab for IgG4-related pancreato-biliary disease: A systematic review and meta-analysis - PubMed (nih.gov)

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

**Peer-review model:** Single blind

**Reviewer's code:** 03258917

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Professor, Senior Scientist

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

**Author's Country/Territory:** South Korea

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**Review time:** 16 Days and 21 Hours

Scientific quality	<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
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript use reliable research methods?

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<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
<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
<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

## SPECIFIC COMMENTS TO AUTHORS

Authors should include a brief paragraph/point indicating the main limitations observed in the field. Also it will be desirable to include their expert clinical opinion.

What are the advantages and novelty of their manuscript compared to those of Khandelwal A et al., 2020 (PMID: 31650376), Goyal S et al., 2021 (PMID: 34135159) or Okazaki K, et al., 2017 (PMID: 28027896).

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**Peer-review model:** Single blind

**Reviewer's code:** 06232664

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** South Korea

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Judgment by peer reviewers	Does this manuscript meet the code of ethics standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important novelty? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript have important creativity or innovation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Does this manuscript use reliable research methods?

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<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 checked="" 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
<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

## SPECIFIC COMMENTS TO AUTHORS

This comprehensive review addresses a topic of great interest for clinical practice. It is written in a coherent style that is impressive considering the complexity of the topic. Apart from a comprehensive overview of the diagnosis and management of AIP, the differential diagnosis between PDAC and AIP has been addressed, which represents one of the burning issues in Pancreatology. Taken together, the authors are to be commended on keeping abreast of the major recent developments in the field. The manuscript is supported by informative figures and tables, the choice of references is up to date and the language style is easy to follow. Only a few minor issues: Please address biomarkers other than IgG4 in short. This reviewer would not agree that ANA are helpful in identifying AIP in some cases (rows 206-207), as ANA is rather a non-specific marker of autoimmunity, thus considered obsolete for AIP diagnosis. For a detailed overview of biomarkers in AIP authors could have a look at [1]. This comprehensive review addresses a topic of great interest for clinical practice. It is written

in a coherent style that is impressive considering the complexity of the topic. Apart from a comprehensive overview of the diagnosis and management of AIP, the differential diagnosis between PDAC and AIP has been addressed, which represents one of the burning issues in Pancreatology. Taken together, the authors are to be commended on keeping abreast of the major recent developments in the field. The manuscript is supported by informative figures and tables, the choice of references is up to date and the language style is easy to follow. Only a few minor issues: Please address biomarkers other than IgG4 in short. This reviewer would not agree that ANA are helpful in identifying AIP in some cases (rows 206-207), as ANA is rather a non-specific marker of autoimmunity, thus considered obsolete for AIP diagnosis. For a detailed overview of biomarkers in AIP authors could have a look at [1]. 1. Dugic A, Verdejo Gil C, Mellenthin C, Vujasinovic M, Löhr J-M, Mühlendorfer S. The Clinical Utility of Soluble Serum Biomarkers in Autoimmune Pancreatitis: A Systematic Review. *Biomedicines*. 2022;10(7):1511.

## RE-REVIEW REPORT OF REVISED MANUSCRIPT

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

**Manuscript NO:** 79922

**Title:** Challenges for clinicians treating autoimmune pancreatitis: Current perspectives

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

**Peer-review model:** Single blind

**Reviewer's code:** 00724362

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Doctor

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

**Author's Country/Territory:** South Korea

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**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2022-11-02 14:16

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**Review time:** 1 Hour

<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 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
<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>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 answered on all reviewers' comments appropriately.