

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 84755

Title: Incidence, prevalence, and comorbidities of chronic pancreatitis: A 7-year population-based study

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03307766

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Associate Professor, Director, Doctor

Reviewer's Country/Territory: Kazakhstan

Author's Country/Territory: China

Manuscript submission date: 2023-03-27

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-28 06:03

Reviewer performed review: 2023-03-31 05:15

Review time: 2 Days and 23 Hours

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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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

INTRODUCTION - It's clear enough. The authors provided the main background. No major comments on this section. METHODS - The authors should start with a subsection entitled "study design and population", where both these aspects are clearly stated and described, respectively. - IRB approval number and date should be provided. - Inclusion and exclusion criteria should be clearly listed. - It is not clear how all or which comorbidities were retrieved from the electronic database. This aspect and procedure should be precisely described. - Overall, the methods section needs some important rearrangement and completion. RESULTS - My feeling is that the results description should be expanded. - For instance, the pancreatic tumors and, in detail, malignancies are a very important and debated aspect of CP follow-up. Therefore, I recommend the authors to provide more information about the histological types of pancreatic tumors and the diagnostic timing over the clinical course of CP, which would be an important completion that I am sure can be retrieved from electronic databases. An additional table could help with this task. - Similar recommendation can be given for cardiovascular comorbidities and cerebrovascular comorbidities. - In general, I do not

see any statistical analysis, except the descriptive one. - Notably, a comparison with non-CP population admitted during the study period to the same hospital would provide an interesting control group to compare the prevalence and incidence of comorbidities and, thus, make additional conclusions. That would greatly increase the scientific value of this research and manuscript. **DISCUSSION** - This section should be revised according to the new information provided in the results and, thus, can be appropriately assessed after a first round of revision. - At first glance, I noticed that some comorbidities are not discussed so much. For instance, the malignancies are only mentioned in the discussion and, as mentioned, represent an important topic in CP patients (e.g. Pancreatitis and Pancreatic Cancer Risk. *Technol Cancer Res Treat*. 2023 Jan-Dec;22:15330338231164875. doi: 10.1177/15330338231164875). - Moreover, in this regard, the authors should at least mention the clinical and epidemiological differences with the other type of chronic pancreatitis, namely the autoimmune pancreatitis for which the oncological risk is also debated (see: Epidemiological aspects and immunological considerations. *World J Gastroenterol*. 2021 Jul 7;27(25):3825-3836. doi: 10.3748/wjg.v27.i25.3825). - In general, I think that an additional table summarizing the available studies on the association between CP and specific comorbidities would be very useful. **CONCLUSION** - Clear take home messages should be provided, instead of a short summary-abstract of the article **REFERENCES** - to be updated and completed after results completion and revision of the discussion, according to the previous comments and recommendations.

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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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	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 study provides vital evidence to the increasing incidence of chronic pancreatitis in one province of China and increasing prevalence of it compared to a study in 2009. However, it fails to show the disease pattern and its progression. The following points may need to be looked into. 1. The definition does not seem to characterize the condition. 2. No diagnostic criteria or disease classification is indicated. 3. Risk factors for chronic pancreatitis, co morbidities and sequelae of chronic pancreatitis are described without distinction. Presence of co morbidities does alter the implication of management of any disease and not particularly CP. 4. CP is pictured to present with “recurrent bouts of pancreatitis, with later insidious progression” which si not the norm in all cases. 5. It is stated categorically that” no treatment is available to alter the course of the disease”, though many studies claim to do so 6. The statement that “reliable epidemiological data on the incidence and prevalence is rare” may undermine the strength of published data. 7. So also, the statement that “Population based studies about CP in China is lacking for decades” negates the publications of authors like Wang et al. (13). 8. Patients with missing data on sex were excluded do not speak well of the data. 9.



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This article is based on the discharge diagnosis of CP obtained from ESR of HIC -SP Records. No diagnostic criteria of CP or classification of CP are indicated. The data is not verified by independent observers. The references quoted 22-24 were based on records from one province of SC only. No data on follow up is available. 10. The incidence described in this study is based on in patients only and hence it may not represent the true incidence of CP. (Though the verification of diagnosis of CP in outpatients is difficult, the fact that CP can be diagnosed in patients who do not need admission and the exact incidence of such is not discussed in this study. However, a multicenter study on CP, focuses on diagnosed patients (not only on admitted patients) and may present a definitive data on incidence than a population-based study based on only discharge records. 11. No data is shown, to conclude, that “high quality and cost-effective care of CP patients is needed”.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Academic degree: MD, MSc, PhD

Professional title: Associate Professor, Director, Doctor

Reviewer's Country/Territory: Kazakhstan

Author's Country/Territory: China

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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
Language quality	<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
Conclusion	<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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors improved the manuscript. Some language revisions may further improved the manuscript. At the beginning of the discussion, the authors may list and better highlight the main findings in detail, whereas in the conclusion general, but generalizable, take home messages could be stated.