

Revision and Response

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Magnetic Resonance Imaging Structured Report Template for Acute Pancreatitis". Those comments are all valuable and very rewarding for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made corrections, which we hope meet with approval. Revised portions are marked in red in the paper. The main corrections in the paper and the response to the Editorial Comments and Reviewers' Comments are given as follows.

Editorial Comments:

1. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript.

Response: Thank you for this editorial comment. We have added four articles to embody it in the article.

Responds to the Reviewer Comments:

1. Response to comments (Reviewer #1): "1. Introduction. But to the best of our knowledge, magnetic resonance imaging (MRI) has additionally important values in the AP severity assessment at early-phase and differential diagnosis of AP-related collection complications. However, there is a lack of corresponding MRI structured report template in this field. Can the authors cite any manuscript in which MRI has important value to evaluate the severity of AP? "

Response: Special thanks to you for your good comments. We agree with the reviewer's perspective. At the end of this sentence, we cite three literatures to support this point (Page 2, line 59).

2. Response to comments (Reviewer #1): "2. Imaging indications of acute pancreatitis
The description of the authors seems too long as the introduction."

Response: Thanks to you for your good comments. We have deleted some of this part according to the reviewer's suggestion, as shown in Page 3, line 78-86.

3. Response to comments (Reviewer #1): "3. Line 111. Imaging techniques of AP. Some scholars have confirmed that the diagnostic value of the DWI technique is equivalent to that of enhanced CT and exceeds the capability of plain CT[20]. The authors should explain the summary of the cited manuscript. "

Response: Special thanks to you for your good comments. We agree with the reviewer's perspective. We have rewritten this part according to the reviewer's suggestion, as shown in Page 5, line 120-122.

4. Response to comments (Reviewer #1): "4. The Table 1 and 2 do not seem clear to understand. How can the authors recommend their method of MRI of 1.5 and 3.0 Tesla?"

Response: Thanks to you for your reminder. Our unit has 1.5T and 3.0T MRI examination of the corresponding parts of the patients every day. The abdominal sequence parameters in Table 1 and Table 2 are of good image quality in the magnetic resonance examination done by our unit. Since each medical center has different MRI manufacturers and different imaging protocols, we recommend our sequences for reference.

5. Response to comments (Reviewer #1): "5. The Table 4 should be recreated because it seems too long."

Response: Special thanks to you for your good comments. We found a small mistake. The previous Table 4 should be changed to Table 3. Considering the reviewer's suggestion, we have deleted some of the contents of the table accordingly.

6. Response to comments (Reviewer #1): “Interpretation and Clinical Value of Evaluation Indexes of Structured Imaging Report. Pancreatic Necrosis. What is the conclusion of the authors concerning the MRI? ”

Response: Thanks to you for your good comments. Considering the reviewer’s suggestion, we have added the conclusion at the end of this paragraph in our manuscript (Page 13, line 228-230).

7. Response to comments (Reviewer #1): “7. Local complications. What is the conclusion of the authors concerning the MRI?”

Response: Special thanks to you for your comments. Considering the reviewer’s suggestion, related conclusion was added in our article (Page 13, line 290-292).

8. Response to comments (Reviewer #1): “8. Disconnected pancreatic duct syndrome. What is the conclusion of the authors concerning the MRI?”

Response: Special thanks to you for your good comments. Considering the reviewer’s suggestion, we have added the conclusion at the end of this part in our manuscript (Page 13-14, line 315-321).

9. Response to comments (Reviewer #1): “9. What is the conclusion of the authors? The authors aimed to facilitate the standardization of MRI report writing and clinical multidisciplinary team communication for AP patients. The authors aimed to facilitate the standardization of MRI in patients with AP. It seems important to consider MRI instead of CT in patients with AP. Therefore, the authors should show their clear conclusion concerning MRI for AP. I cannot find their conclusions. ”

Response: Thanks to you for your good comments. Considering the reviewer’s suggestion, we separate the conclusion into paragraphs and supplement and perfect the content of the conclusion (Page 16, line 397-400; line 404-406).

10. Response to comments (Reviewer #2): “10. At the section of (Disconnected Pancreatic Duct Syndrome)...(Maatman et al. have confirmed that an increased degree of pancreatic glandular necrosis is associated with the development of DPDS[38].)...Kindly add the number of reference immediately after the name of the author, not at the end of the sentence to unify punctuation.”

Response: Special thanks to you for your kind reminder. We have made corrections (Page 13, line 312).

11. Response to comments (Reviewer #2): “11. Starting from this sentence at the end of manuscript: (In summary, AP is a systemic and complex disease. The radiologists need to assist the clinicians in selecting a reasonable imaging modality....), it should be under the title of (Conclusion). ”

Response: Special thanks to you for your good comments. Considering the reviewer’s suggestion, we have made corresponding changes. (Page 16, line 395)

12. Response to comments (Reviewer #2): “12. Were the illustrative figures done by the authors or quoted from literature?.....clarify.”

Response: Thanks to you for your good comments. All the illustrative figures in the article are made by the authors.

Moreover, (1) we added four recent references: “**8.** Türkvatan A, et al. Imaging of acute pancreatitis and its complications. Part 1: acute pancreatitis. Diagn Interv Imaging 2015; 96: 151–160. **9.** de Freitas Tertulino F, et al. Diffusion-weighted magnetic resonance imaging indicates the severity of acute pancreatitis. Abdom Imaging 2015; 40: 265–271. **34.** Islim F, et al. Non-invasive detection of infection in acute pancreatic and acute necrotic collections with diffusion-weighted magnetic resonance imaging: preliminary findings. Abdom Imaging 2014; 39: 472–481. **40.** Timmerhuis HC, et al. Various Modalities Accurate in Diagnosing a Disrupted or Disconnected Pancreatic Duct in Acute Pancreatitis: A Systematic Review. Dig Dis Sci 2021; 66: 1415–1424.” (2) We have made corrections to meet the journal's preferred format. (3) Minor modifications were completed for Table 3. (4) We have checked that all final authors are properly listed on the revision submission.

To sum up, we tried our best to improve the manuscript and we had made corrections according to the reviewers' comments and editorial comments. All of changes did not affect the content and framework of the paper. We appreciate for Editors' and Reviewers' warm work earnestly, and we hope that the corrections will meet with approval.

Once again, thank you very much for editorial and reviewer's comments and suggestions.

Yours

Sincerely,

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