

Reviewer #1:

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

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

**Conclusion:** Minor revision

**Specific Comments to Authors:** The authors of this study aimed to analyze the risk factors for SAP complicated with AGI and their interactive effects. To do this, they analyzed the risk factors for SAP with concomitant AGI of 168 patients with SAP using multifactorial logistic regression. I have no objections as far as methods are concerned. This topic is actual and well described. The manuscript is well written and very interesting, and authors presented also the limitations of the study. They concluded that an APACHE II score >15 and CRE level >100 µmol/L are independent risk factors for SAP complicated with AGI, and there is a positive interaction between them. The article provides an essential reference for researchers in this field and also confirms the risk factors of AGI in SAP patients, which is of great guiding significance for the clinical treatment of SAP. I recommend that the manuscript can be published.

Reply : Thank you for reviewing the manuscript so carefully. We have further reviewed and revised the manuscript.

Reviewer #2:

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

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

**Conclusion:** Minor revision

**Specific Comments to Authors:** In this study, the authors analyzed the 168 patients with SAP treated in their hospital. Acute gastrointestinal injury is a common complication of severe acute pancreatitis. Patients with AGI are prone to gastrointestinal dysfunction and mucosal injury, aggravating the degree of pancreatic inflammation, causing multiple organ dysfunction and endangering patients' lives. However, most studies have investigated the risk factors for AGI, while reports on the interaction between risk factors are few. In this manuscript, Authors analyze the risk factors for AGI and determine their interactive effects on SAP to provide a rationale for clinical treatment. The 168 SAP patients were divided into AGI group and non-AGI group according to whether AGI was present. Demographic data and laboratory test data were compared between the two groups. The risk factors for SAP with concomitant AGI were analyzed using multifactorial logistic regression, and an analysis of the interaction of the risk factors was performed. Their results showed that APACHE II score > 15 and creatinine level > 100 µmol/L were independent risk factors for SAP complicated with AGI, and there was a positive interaction between them. It is a very interesting research with important clinical relevance due to it has guiding value for controlling the development of AGI and improving the prognosis of SAP.

Reply : Thank you for reviewing the manuscript so carefully. We have further reviewed and revised the manuscript.