

## Revision and Response

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Magnetic Resonance Imaging for Acute Pancreatitis in Type 2 Diabetes Patients". 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.

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### **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 embodied it in the future trends and prospects of the article.

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### **Responds to the Reviewer Comments:**

1. Response to comments (Reviewer #1): "1. After all, what are the differences in MRI findings between acute pancreatitis with and without diabetes?"

Response: Special thanks to you for your good comments. So far, few scholars have proposed the differences of MRI manifestations between acute pancreatitis (AP) with and without type 2 diabetes mellitus (T2DM). Our previous research have put forward some differences (Page 5, line 127-132; Page 10, line 208-210).

2. Response to comments (Reviewer #1): “2. If the severity of acute pancreatitis with diabetes is high, a CT evaluation may be sufficient.”

Response: Thanks to you for your good comments. As we all know, contrast-enhanced computed tomography (CECT) is considered the gold standard for evaluating AP. However, there are certain limitations in clinical application, as shown in Page 3, line 80-84. Moreover, magnetic resonance imaging (MRI) has a great deal of advantages compared with CT, as shown in Page 3, line 84-88, and Page 4, line 89-97.

3. Response to comments (Reviewer #1): “3. Also, please tell us how long the MRI should be taken after the onset of acute pancreatitis.”

Response: Special thanks to you for your good comments. We added this part according to the reviewer’s suggestion, as shown in Page 4, line 97-104.

4. Response to comments (Reviewer #2): “4. important but overlooked topic.”

Response: Special thanks to you for your good comments and your approval.

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Moreover, (1) we added a references: “24. Kamal A, Singh VK, Akshintala VS, Kawamoto S, Tsai S, Haider M, Fishman EK, Kamel IR, Zaheer A. CT and MRI assessment of symptomatic organized pancreatic fluid collections and pancreatic duct disruption: an interreader variability study using the revised Atlanta classification 2012. Abdominal imaging 2015; 40(6): 1608-1616.” (2) We have made corrections to meet the journal's preferred format. (3) We have checked that all final authors are properly listed on the revision submission.

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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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2023-07-13