

Reply to editor and reviewers

We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 88369, Letter to the Editor) basically meet the publishing requirements of the *World Journal of Gastroenterology*. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.

Response: We thank the editors and reviewers for their great comments enhancing our manuscript. Please see below for our revised versions and comments based on the editor and reviewers' suggestions. Please let us know if there is anything else we can do to enhance our manuscript.

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: This article is an excellent LETTER TO THE EDITOR. After reading a recently published article, the author analyzed the strengths and weaknesses of the article and proposed their unique insights. The article pointed out three limitations in Zhou et al's study which published in WJG 2023 : no IgA correlation with IgG4 levels, absent data on autoantibody-positive AIP cases critical for Asian diagnostic criteria, and unexplored relapse rates in high serum IgG AIP by subtype . These are all based on extensive literature review and the author's rich clinical and scientific experience in IgG related pancreatitis. I agree with all three points and hope that there will be corresponding research on this viewpoint in the future to compensate for these limitations.

Response: Thank you so much for the compliment and for the valuable comments.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Major revision

Specific Comments to Authors: The authors reasonably commented the manuscript by Zhou et al. The authors pointed out concerns about correlation between IgA and IgG4 levels, autoantibody positivity, and influence of serum IgG levels. 1. Indeed, serum IgG levels and anti-nuclear antibody positivity were included in the classical criteria for AIP [reference 7]. However, by now, neither the international consensus diagnostic criteria for AIP nor the Japanese revised clinical diagnostic criteria for AIP included the two items. The authors should also mention these backgrounds.

Response: Thank you for picking up this. We have now included this information in the revised version.

" While serum IgG levels and anti-nuclear antibody positivity were previously part of the classical criteria for AIP [7], neither the current international consensus diagnostic criteria for AIP [8] nor the Japanese revised clinical diagnostic criteria for AIP [9] included these two elements."