

Dear reviewers and editors

Thank you so much for your valuable feedback on our article. Your comments have greatly contributed to the further improvement of our work.

Reviewer #1:

Specific Comments to Authors:

As a reviewer, I have meticulously assessed the manuscript detailing the impact of Chaikin Chengqi Decoction (CQCQD) in the treatment of hypertriglyceridemia-induced acute pancreatitis (HTG-AP). The study presents a retrospective analysis of 39 HTG-AP patients, comparing the efficacy of CQCQD against a conventional treatment regimen. The authors report that CQCQD significantly lowers triglyceride (TG) and Apolipoprotein A1 (APOA1) levels, improves gastrointestinal function, and reduces the inflammatory response. Summary of the Study: The study focuses on HTG-AP, a condition increasing in prevalence and often associated with severe outcomes. It evaluates the therapeutic potential of CQCQD, a traditional Chinese medicinal decoction, in comparison to conventional HTG-AP treatment. Results indicate that CQCQD is more effective in lowering TG levels, improving bowel movements, and reducing inflammation markers compared to the control group.

Major Criticisms: Imaging Findings and Post-Treatment Changes: The study lacks detailed information on imaging findings such as CT scans, which are crucial for diagnosing and assessing the severity of acute pancreatitis. It is important to include and discuss the imaging results both at the time of admission and after treatment to understand the impact of CQCQD and conventional treatment on the progression of HTG-AP.

Answer: The abdominal CT scan was also utilized for evaluating the changes in pancreatitis condition, both upon admission and at 3-5 days of treatment. Additionally, we incorporated the post-treatment CT Balthazar score.

Adverse Events of CQCQD: The manuscript does not sufficiently address the potential adverse events associated with CQCQD. It is essential to provide detailed information on any side effects, complications, or risks involved in the treatment with CQCQD to ensure a comprehensive understanding of the safety profile of this treatment modality. Comparison of Adverse Events Between Groups: There is a need for a detailed comparison of adverse events between the CQCQD group and the control group. This comparison should include the nature, frequency, severity, and management of any adverse events that occurred during the treatment course. Such an analysis is vital for evaluating the safety and tolerability of CQCQD in comparison to conventional treatments. Mention of Hospital Stay Duration: The duration of hospital stay for patients in both treatment groups is not mentioned in the study. This information is significant as it can provide insights into the

efficiency of the treatment modalities in terms of recovery time and resource utilization. **Sample Size and Diversity:** The sample size of 39 patients is relatively small for a conclusive comparative study.

Answer: No obvious liver function damage was observed during treatment. Two patients had excessive frequency of defecation, but the symptoms were relieved after drug withdrawal and drug dose reduction. Due to the recent adjustment of medical insurance policies and the fluctuation of drug prices, it is impossible to accurately reflect the actual situation. In the future, if conditions permit, we can also conduct further studies to analyze the differences in length of stay and hospitalization costs.

A larger sample would enhance the reliability of the results. Additionally, the demographic diversity of the patient population is not extensively discussed, which could impact the generalizability of the findings. **Study Design:** Being a retrospective study, there is a potential for selection and information bias. Prospective studies or randomized controlled trials would provide more robust evidence. **Control Group Treatment:** The study lacks clarity on the specifics of the conventional treatment regimen provided to the control group. Detailing this would allow for a more accurate comparison. **Statistical Analysis:** While the study employs statistical methods, there is a need for more robust statistical tools to analyze the data, particularly given the small sample size and the potential for confounding variables.

Answer: The current eligible sample size is small, and we will also continue to collect data, and future analyses with larger sample sizes will be performed.

Long-Term Effects and Follow-Up: The study does not discuss the long-term effects of CQCQD treatment and lacks follow-up data. Understanding the long-term efficacy and safety of CQCQD is crucial.

Answer: Thank you very much for your suggestion, and we can further analyze the long-term follow-up results of patients in the future. However, this study only addresses the efficacy of CQCQD during hospitalization in patients with HTGAP.

Minor Criticisms: Mechanism of Action: While the study hints at the possible mechanisms of action of CQCQD, it does not delve deeply into how these effects are achieved. A more detailed biochemical or molecular analysis would be beneficial.

Answer: This study is a retrospective clinical study, so the mechanism of action can only be inferred from previous molecular biology experiments. Your suggestions will enlighten our future research. Further molecular biological analysis will provide more evidence support for the application of drugs.

Reporting of Adverse Effects: The manuscript does not thoroughly report any adverse effects or complications associated with CQCQD, which is vital for a comprehensive understanding of the treatment's safety profile.

Answer: No obvious liver function damage was observed during treatment. Two patients had excessive frequency of defecation, but the symptoms were

relieved after drug withdrawal and drug dose reduction.

Inclusion and Exclusion Criteria: The criteria for patient selection could be more clearly defined to understand the study population better.

Data Presentation: Some of the data, particularly in graphical form, could be presented more clearly for ease of interpretation.

Literature Contextualization: While the study references existing literature, there is room for a more thorough comparison with previous studies, which would provide a broader context for the findings. In conclusion, the study provides interesting insights into the potential benefits of CQCQD in treating HTG-AP. However, addressing the aforementioned major and minor criticisms would significantly strengthen the validity and impact of the findings.

Reviewer #2:

Specific Comments to Authors:

The manuscript entitled " Chaiqin Chengqi Decoction as an adjuvant treatment for mild/moderately severe hypertriglyceridemic acute pancreatitis: a retrospective study" has been reviewed. This paper evaluates the efficacy of CQCQD on TG and APOA1 levels, bowel movement recovery time and gastrointestinal function in HTG-AP patients.

The paper is interesting, but needs some revision. Is CT used to assess pancreatitis?

Answer: The abdominal CT scan was also utilized for evaluating the changes in pancreatitis condition, both upon admission and at 3-5 days of treatment. Additionally, we incorporated the post-treatment CT Balthazar score.

How many days is the CQCQD taken internally?

Answer: Usually 3 days

In other words, do people stop taking it when their symptoms improve? Or do they continue to take it internally after that?

Answer: When symptoms improve, the drug is generally not stopped immediately, and the 3-day course is generally completed. Unless the number of bowel movements is excessive, we would consider a shorter course or a lower dose, but this is infrequent

When should oral medication be stopped?

Answer:

This paper is a RETROSPECTIVE STUDY, so a detailed analysis would be possible. How many people had no effect? Are there any characteristics of the people who had no effect?

Answer: The usual time to stop treatment is after 3 days of treatment, and the patient's gastrointestinal symptoms have improved significantly during the treatment. Or obvious diarrhea during medication.

On the other hand, what are the characteristics of those who are more likely to respond to the CQCQD? What side effects do they have?

In the Chinese population, the clinical efficacy of treatment can be observed in

general patients after treatment. In the future, we can also conduct further research to analyze the characteristics of patients. A common side effect is that it may cause excessive bowel movements.