February 24, 2024

Andrzej S. Tarnawski, MD, PhD
Editor in Chief,
World Journal of Gastroenterology

Re: Revision to Submission of Manuscript (Invitation ID: 03475349): Innovative Pathways Allow Safe Discharge of Mild Acute Pancreatitis from the Emergency Room

Dear Dr. Tarnawski,

We are excited to submit our responses to the comment for the *invited Editorial* titled "Innovative Pathways Allow Safe Discharge of Mild Acute Pancreatitis from the Emergency Room" for consideration for publication in *the World Journal of Gastroenterology*.

We confirm that this work is original and has not been published anywhere else nor is it currently under consideration for publication in other journals. We also confirm that we do not have any conflicts of interest to disclose.

Please see point by point response:

- This is a well-written editorial article which proposes to establish a clinical pathway based on the long-term research to determine the feasibility of managing these patients in the Emergence Department with discharge after stabilization rather than admission.By using this path way,selected AP patients can be safely discharged from the ED.If if can be proved efficiently in Large scale clinical validation,this path way can be very useful for reducing hospitalizations and healthcare costs, without compromising clinical outcomes.

  Thank you for your acknowledgement.

- According to the figure 1 ,there is some question as followed ; 1.In "step 1 confirm diagnosis", "lipase >180IU/ml".please explain why the diagnosis is use "lipase" instead of "amylase" ? If lipase >180IU/ml can be diagnosed to AP?

  Thank you for this important question. Indeed, diagnosis of acute pancreatitis may be made using either lipase or amylase, so long as it is greater than 3 times the upper limit of normal. The figure is intended to be an example decision support tool that was implemented at our institution where lipase is favored over amylase. Certainly, amylase may be used instead of or concurrently to make a diagnosis of acute pancreatitis. Similarly, 180IU/mL reflects the threshold for greater than 3 times the upper limit of normal (which is 60IU/ml) at our institution and would need to be modified to fit institutional biochemical assays.

- 2.If 48 hours is enough to determine if the patient won't improve or not? In another word ,if the patient went to the ED at the first time of feeling epigastric pain , did the Inflammatory response reach its peak in 48h?
- I would be very glad to re-review the paper once it has been edited because the subject is interesting and meaningful to the clinic.

Thank you for this astute point. Indeed patients may evolve in the first 48 hours. Those patients who do not improve within 48 hours will likely be admitted in this algorithm. In our experience those patients who improve during their emergency room course are discharged without readmissions. Moreover, at our institution, we do not hold patients beyond 48 hours in the ED (due to space constraints) and make a decision one way or the other to either admit them or discharge them if they are improved.

Thank you for this opportunity to revise our manuscript.

Sincerely,

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