

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 90232

Title: Innovative pathways allow safe discharge of mild acute pancreatitis from the emergency room

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05272457

Position: Peer Reviewer

Academic degree: Doctor, MD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2023-11-27

Reviewer chosen by: Huo Liu

Reviewer accepted review: 2023-12-27 06:38

Reviewer performed review: 2024-01-02 06:24

Review time: 5 Days and 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

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 it 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. 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? 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.