

Dear Editorial Office of Baishideng Publishing Group Inc:

Many thanks for your letter on December 29th, 2023 with the reviewer's comments on our manuscript, which are constructive and benefit us a lot. Accordingly, we've revised our manuscript and all changes we made have been highlighted. Please see the point-to-point responses below.

Reviewer #1

The editorial by Lv et al discusses the medical conditions associated with acute pancreatitis and infectious pancreatic necrosis. Specifically, the authors have highlighted the various predictive markers, prognosis options, and preventive measures. Overall, the article is written in a lucid manner and will be of interest to general audience. However, I do not have any specific comments for the authors.

Response: Thanks for your comments.

Specific comments:

(1) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: .

Response: Thanks for your comments. We have uploaded the Figure in the form of PPT. We confirm that the image is originally created by the authors for the manuscript and

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Response: Thanks for your comments. The figure in the manuscript is originally created by the authors and is not copyrighted. No permission for the use of picture(s) is needed.

(3) Please provide the filled conflict-of-interest disclosure form.

Response: Thanks for your comments. We have uploaded the filled conflict-of-interest disclosure form. Please check the *Conflict-of-Interest Disclosure Form*.

(4) An informative, unstructured abstract of no less than 200 words should

accompany each manuscript. Abbreviations must be defined upon first appearance in the Abstract. Do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition.

Response: Thanks for your comments. We have added the abstract of the manuscript. Please check the abstract section in the revised *Manuscript File*.

Approximately 20%-30% of patients with acute necrotizing pancreatitis develop infected pancreatic necrosis(IPN), a highly morbid and potentially lethal complication. Early identification of patients at high risk of IPN may facilitate appropriate preventive measures to improve clinical outcomes. In the past two decades, several markers and predictive tools were proposed and evaluated for this purpose. Conventional biomarkers like C-reactive protein, procalcitonin, lymphocyte count, interleukin 6 and 8, and newly developed biomarkers like angiopoietin-2 all showed significant association with IPN. On the other hand, scoring systems like the Acute Physiology and Chronic Health Evaluation II score and Pancreatitis Activity Scoring System score were tested, and they may provide better accuracy. For early prevention of IPN, several new therapies were tested, including early enteral nutrition, antibiotics, probiotics, immune enhancement, etc., and the results varied. Taken together, several evidence-supported predictive markers and scoring systems are readily available for predicting IPN. However, effective treatments to reduce the incidence of IPN are still lacking apart from early enteral nutrition. In this editorial, we summarized evidence concerning early prediction and prevention of IPN, providing insights into future practice and study design. A more homogenous patient population with reliable risk-stratification tools may help find effective treatments to reduce the risk of IPN, thereby achieving

individualized treatment.

(5) Please add the Core tip section. The number of words should be controlled between 50-100 words.

Response: Thanks for your comments. We have added the Core tip section. Please check the core tip section in the revised *Manuscript File*.

Several evidence-supported predictive markers and scoring systems are readily available for predicting IPN. However, effective treatments to reduce the incidence of IPN are still lacking apart from early enteral nutrition. In future research and practice, a more homogenous patient population should be targeted with reliable risk-stratification tools since such a strategy may help find the effective treatment to reduce the risk of IPN, thereby achieving individualized treatment.

(6) Please add the author's contribution section. The format of this section will be as follows: Author contributions: Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L and Fu JF analyzed the data; Wang CL, Liang L and Fu JF wrote the paper.

Response: Thanks for your comments. We have added the author's contribution section. Please check the author's contribution section in the revised *Manuscript File*.

Lv C, Zhang ZX and Ke L designed the research study; Lv C and Zhang ZX searched the literature and wrote the original manuscript;

Ke L reviewed the manuscript and supervised the whole work; All authors have read and approve the final manuscript.