Format for ANSWERING REVIEWERS

June 26, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9805-review.doc).

Title: Will Open Necrosectomy Be Obsolete for Necrotizing Pancreatitis? A Paradigm Shift Needed?

Author: Yu- Chung Chang

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9805

The manuscript has been improved according to the suggestions of reviewers:

1. *Revision has been made according to the suggestions of the reviewer*

Reviewer 1 (00503540)

(1) No request for revision.

Reviewer 2 (00069105)

(1) re-write the abstract to give readers a more clear idea that you are talking about.
Reply: Abstract is revised and hopefully the aim is much clearer.

(2) Key words: I think that is walled-off no wall off.
Reply: The same errors have been corrected.

(3) Introduction: I think that the dispute between senn an Fitz is interesting but it is too long. You should resume or take out. Names of surgeons are Bradley and Warshaw.
Reply: The historic introduction is shortened a little bit. The misspelling names are corrected.

(4) purpose: the idea of making questions is nice but you have to answer at the end of the paper.
Reply: The answer is included in the end of the paper (last paragraph of discussion " Necrosectomy-Obsolete?" and the conclusion). A paradigm shift from surgery to drainage should be considered.

(5) Data Coleection. when you make a review you have to defien clearly your bibliographical search. CONSORT and QUORUM guidelines define how to do a search. This is crucial when you are writing a review.
Reply: This article is not a formal review article. It is a perspective article.

(6) Data Collection: a more clear definition of parameters should be done
Reply: It is revised.

(7) *Outcomes: The information given by tables should be explained better. Series mixed necrotizing pancreatitis and WOPN. This point is crucial and should be reviewed. This is the more important part of the paper and should be re-written*

Reply: Thank you for your crucial review. The term WON or WONP appeared only after the introduction of "delay until liquefaction" strategy. And was introduced at the 2006 Digestive Disease Week during the AGA Clinical Symposium, "Problems and Pitfalls of Atlanta Classification for acute pancreatitis: AGA, APA and IAP to revisit," chaired by Dr. Peter Banks. NP and WON were reviewed again and specified in all the tables.

(8) *Discussion: in first paragraph, your explanation about pathophysiology is nice but I think that could be erased. Second paragraph is a nice historical review but should be rewritten or become a table. In next paragraphs some ideas are mixed. You have to say name of consensus conference not only year.*

Reply: 1) The pathophysiology is added by the recommendation of the first round reviewer (005267).

2) I am sorry that I am unable to trace the original articles in some of the historic dogma; therefore I use description instead of making a Table. In the next paragraph is an overview of various treatments of necrotizing pancreatitis, which was recommended by the first round reviewer (00051235).

3) The meeting name is added.

(9) *The most frequent short for walled off is WOPN not WON.*

Reply: Bank PA et al. and Acute Pancreatitis Classification Working Group. 2012: revision of the Atlanta classification and definitions by international consensus. Gut 2013;62:102–111.

WON (walled-off necrosis): A mature, encapsulated collection of pancreatic and/or peripancreatic necrosis that has developed a well defined inflammatory wall.

(10) *In the middle of explanations about infected necrosis you talk about non infected necrosis.*

Reply: NP in the first sentence of the paragraph of "Drain first, but do it better" is corrected into INP.

(11) *I do not agree that WOPN has surgical indication. Only when transgastric necrosectomy fails.*

Reply: I can agree with your opinion. The purpose of this article is to discuss about the currently developed minimally invasive options. Other than transgastric necrosectomy, many options are available as well.

(12) *Paragraph about drain seems that you are going to talk only about PCD but you talk about endoscopic drainages*

Reply: PCD was unable to replace surgical necrosectomy since 1970. However with the recent developed left retroperitoneal drainage or transgastric endoluminal drainage, drainages will prevent much more WON from surgery than it did before.

(13) *The last topic (surgery) is confusing, you talk about duct syndrome and I think that is a nice topic but not only a problem of surgery*

Reply: Current article do suggest that minimally invasive alternatives can replace surgery including the rare morbidity of disconnecting duct syndrome and yet, according to the collected articles, some cases still need surgical treatment. This may be one of the roles that surgery may have been left.

Reviewer 3 (00057544)

(1) *should not ignore the single-center experience from Massachusetts General Hospital Division of General Surgery where open necrosectomy was associated with a relatively low mortality rate (hospital mortality 8.8%) and should discuss it. this work should be accepted for publication with additional discussion of the paper of Madenci and colleagues. 1) Madenci AL, Michailidou M, Chiou G, Thabet A, Fernández-Del Castillo C, Fagenholz PJ. A contemporary series of patients undergoing open debridement for necrotizing pancreatitis. Am J Surg. 2014 Mar 26. And 2) Rana SS, Bhasin DK, Rao C, Sharma R, Gupta R.*

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› favor non-debridement

Yu-Chung Chang, MD, PhD
Dept. of Surgery
College of Medicine
Chung Shan Medical University
110, Sec. 1, Jianguo N. Rd., South Dist.
Taichung 40201
Taiwan
Fax: +886-4-2475-6437
E-mail: changmdphd@yahoo.com