

Dear Dr. Ma,

We thank you and 3 reviewers for fruitful suggestions, especially for suggesting the better terms and sentences. We have revised the manuscript No. 42853 on the basis of the reviewer 's comments.

We are sorry that we could not prepare the grant application form or certificate of funding agency, but attached the report in Japanese instead. Furthermore, we could not find DOI for some articles.

We look forward to a publication of our manuscript in World Journal of Gastroenterology

Sincerely,

Hiroaki Yasuda M.D. Ph.D.

Our responses to the reviewer 's comments are as follows:

Response for the Reviewer #1

The levels of urinary trypsinogen-2 and TAP were significantly higher in patients with extended extra-pancreatic inflammation as evaluated by CT Grade, but not significantly higher in patients with hypo-enhanced pancreas lesions. Therefore, the measurement of urinary trypsinogen-2 and TAP could not select the patients who should have CT examination. We add sentences “We expected urinary trypsinogen-2 and TAP as a marker, which can select the patients who should have CT examination, but they were not useful enough for the determination of hypo-enhanced lesion of the pancreas.” in page 17, line 15-18.

We are sorry by an incomprehensible description. The severity grading by the JMHLM criteria is evaluated by prognostic factors or CT Grade, independently. In the data you pointed out, the former was severity by prognostic factors (Table 3) and the latter was severity by CT Grade (Table 4).

Response for the Reviewer #2

1. The measurement of amylase and lipase needs the laboratory laboratory technicians and/or expensive instruments. On the other hand, urinary trypsinogen-2 dipstick test does not need them. We added this sentences “, which needs laboratory technicians and/or expensive instruments.” (page 15, line 3-4).
2. We added sentences “We expected urinary trypsinogen-2 and TAP as a marker, which can select the patients who should have CT examination, but they were not useful enough for the determination of hypo-enhanced lesion of the pancreas.” page 17, line 15-18.

3. In this study, the level of urinary trypsinogen-2 and TAP did not affect treatment plans, because this study was retrospective study. We would like to know the effect of length of hospital stay, if we try a prospective study.

Response for the Reviewer #3

1. We added words “within 48 hours after admission” in page 11, line 10. Furthermore, we added sentence “Both of the level of urinary trypsinogen-2 and TAP on the following day and the value that subtracted the level at enrollment from that on the following day were not related to disease severity (data not shown)” in page 14, line 4-7.

2. The positive predictive value was calculated as described below, true positive (57) / test positive (63) = 90.5%. The negative predictive value was calculated as described below, true negative (10) / test negative. (31) = 32.3%.

3. We expected the value that subtracted the level at enrollment from that on the following day and/or the level on the following day after hydration were related to disease severity, but could not obtain good results.

4. We added a sentence “It was obvious that AUC score of serum creatinine was high, because it was one of prognostic factors” in page 13, line 19-20.