

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 17141

**Title:** IgG4-unrelated type 1 autoimmune pancreatitis

**Reviewer's code:** 00225267

**Reviewer's country:** South Korea

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-02-22 21:15

**Date reviewed:** 2015-03-21 13:23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[ Y ] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[ Y ] No	

## COMMENTS TO AUTHORS

In this manuscript, Nakano et al describe the case "IgG4-unrelated type 1 autoimmune pancreatitis". This article was well written about the findings of their patient and the value of their case in clinical practice. However, there are some concerns to publication, I'd like to suggest a few point to revise. Minor points 1. In the figure legend, many acronyms were used. Although acronyms were documented with full characters in the main body, it is not desired to use many acronyms in the figure legend. 2. If you have more specific image about localized swelling of the pancreas head in Fig. 2A, please change the image. In present image, "localized swelling of the pancreas head" is not clear. 3. In the Table 1, please revise Amy as Amylase. And, please consider removal or summary of "Table 1". There are so many results unrelated with "AIP".

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 17141

**Title:** IgG4-unrelated type 1 autoimmune pancreatitis

**Reviewer's code:** 03260942

**Reviewer's country:** United States

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-02-22 21:15

**Date reviewed:** 2015-03-24 00:21

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Thank you for the opportunity to review the manuscript written by Nakano et al. The authors have provided an extensive review on the various known phenotypes of AIP and their case report offers insight into a less common phenotype. It also includes histology and imaging that are worth publishing as they would add to the field of pancreatology. The following is a summary of major and minor comments constructed after review: Major: 1. The authors mention several concluding statements under various headings (abstract, core tip, introduction, discussion) that are not entirely in sync. For example, in the abstract they mention, "...that the phenotypes of AIP are not associated with IgG4" while in the discussion they state that "the pathogenesis of type 1 AIP is not always associated with the mechanism of overproduction of IgG4." In order to be clearer to the reader, it would be helpful to clarify their overall conclusion in all sections of the paper. 2. Some of the high impact publications in the field are not mentioned. I would recommend including several published manuscripts in the literature in adults and a pediatric case of type 1 AIP with normal serum IgG4. These would strengthen the argument for a separate phenotype of type 1 AIP. References below: a. Ghazale A, Chari ST, Smyrk TC, et al. Value of serum IgG4 in the diagnosis of autoimmune

pancreatitis and in distinguishing it from pancreatic cancer. Am J Gastroenterol 2007;102(8):1646-53. b. Friedlander J, Quiros JA, Morgan T, et al. Diagnosis of autoimmune pancreatitis vs neoplasms in children with pancreatic mass and biliary obstruction. Clin Gastroenterol Hepatol 2012;10(9):1051-5 e1. 3. While the authors have attempted to investigate the pathway by which they describe the pathogenesis of IgG4 seronegative AIP, until this is proven it may be more relevant to the reader to limit this discussion to a paragraph within the manuscript. 4. The case for which hyperproteinemia work up was pursued is not very clear. Please go over the presentation, clinical scenario. Would the authors be able to clarify the manner in which this patient was evaluated for hyperproteinemia? Is the first step always a PET scan or are there other steps in between that would lead one to go down this path? 5. List what the case fits from the ICDC criteria, after listing the criteria. Minor: 1. Under the "Core tip" section, would spell out "RD" as "related disease" for the first time. 2. Towards the end of the introduction the authors state, "However, the role of IgG4 in the phenotypic expression of AIP or IgG4-RD has not been clarified." Please clarify as the ICDC criteria for AIP is very specific on the role of serum IgG4 and histology with respect to IgG4. 3. Please list normal reference range values in the manuscript and the table. 4. Please clarify "liver dysfunction" as alkaline phosphatase and GGT are not liver function tests 5. Please define Mikulicz disease 6. Please share the needle size used to obtain pancreatic tissue via FNA as this would be helpful for others in the field to know. 7. Please clarify for how long patient was on 30 mg/day steroids, taper duration and duration of maintenance therapy. 8. How long was patient on steroids before labs and imaging were repeated? How did the labs change (values?) 9. Please consider labeling the abnormal portions on your histological pictures to help the reader with arrows. These pictures are great. 10. Back up the CD-3, CD 20 stains initiatives. The main goal and objectives from investigating these pathways.

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 17141

**Title:** IgG4-unrelated type 1 autoimmune pancreatitis

**Reviewer's code:** 00004525

**Reviewer's country:** Japan

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2015-02-22 21:15

**Date reviewed:** 2015-03-10 09:56

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[ Y ] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a case report of autoimmune pancreatitis without elevation of serum IgG4 levels. Major comments 1. As the ERP finding is level 2, this case is diagnosed as probable type 1 AIP according to ICDC. 2. Page 9, line 19. Reference number of 10 is wrong.