

August 13, 2013

Dear Editor,

Please find a revised manuscript in Word format enclosed to this mail (file name: WJG Manuscript 4208_review).

Title: Diagnosis and treatment of pancreatic exocrine insufficiency

Author: Björn Lindkvist

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 4208

The manuscript has been adjusted according to the suggestions by the reviewers.

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers. Below follow my point-by-point answers to all reviewer comments.

Reviewer 00077118

Comment 1

I have really enjoyed reading the manuscript. It's simple, but very clear and describes the most current treatments. Since PERT is currently the most effective treatment, but nevertheless, many times, is not sufficient, I would like the paper will deepen a little more in those cases, which would be the strategies to address in such situations. Dig a little more in the etiopathology of disease as well as in strengthening other treatments when PERT is ineffective would give greater importance to the review.

Answer to Reviewer 00077118

Incomplete response to PERT is indeed a clinical problem, as pointed out by the reviewer. Studies on treatment options for these patients are however very few and, to the best of my knowledge, the most relevant have been already been covered in the review. Adjuvant treatment with acid suppression and the need for consideration of bacterial overgrowth as an alternative diagnosis in refractory cases are discussed and have also been highlighted in the summary table (table 2, see below) on PERT in clinical practice. The importance of smoking and alcohol cessation as well as consultation with a dietitian has been highlighted.

The discussion on the etiopathology of the disease in the first section of the paper has been slightly expanded.

Reviewer 00069406

This is a good review on PEI, containing diagnosis, treatment and tests. It will provide a better comprehension for clinicians to diagnose and treat PEI. There are some small issues, one is the length of abstract needs to be shorten, another is the missed figure 3 in the text.

Answer to reviewer 00069406

The question regarding the length of the abstract was a mistake from our side at submission. The “core tip” section was accidentally added on top of the abstract which therefore came out to long. The “core tip” and the abstract have now been separated and length of the abstract is now 239 words. The numbering of figures was also incorrect in the original submission, thanks for pointing this out. This has been corrected.

Reviewer 00069953

This review focuses on current concepts of diagnosis and treatment of pancreatic exocrine insufficiency. It is a good review.

Answer to Reviewer 00069953

I am grateful for this encouraging comment.

Reviewer 00504755

The review article seems to be lacking in details. I would recommend that the authors consider providing more details regarding: 1) the normal/abnormal range of the secretin stimulation test, 2) the specifics of the EUS findings on chronic pancreatitis, 3) the dosing of the PERT. In so doing, they would help the reader diagnose the disease more accurately and treat the problem more specifically.

Answer to reviewer 00504755

Comment 1: The lower limit of normal peak bicarbonate secretion in the secretin test has been now included in the paper. However, as stated in the text, it is of crucial importance to understand that bicarbonate values below normal range on a secretin test indicate (early) chronic pancreatitis and that may be present without concomitant PEI. What value of the secretin test that would indicate a reduction of pancreatic exocrine secretion to a level below what is required to maintain normal digestion (ie the definition of PEI that is used in this review) has not been established.

Comment 2: The Rosemont criteria for chronic pancreatitis have been included in the manuscript.

Comment 3: Advice for dosing of PERT was given in a separate box in the original submission. This was probably missed by the reviewer since a reference to this information box was missing in the manuscript text. A reference in the text has now been included and the information box is now referred to as “table 2”. Detailed advice on PERT dosing is included in the table.

3 References and typesetting was revised

4 Language has been reedited by “American Journal Experts” and a separate editorial certificate has been sent to the WJG editorial office.

Thank you again for considering this manuscript for publication in the *World Journal of Gastroenterology*.

Sincerely yours,

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