

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2818

Title: Prediction of the severity of acute pancreatitis on admission by urinary trypsinogen activation peptide: a meta-analysis

Reviewer code: 00053888

Science editor: h.h.zhai@wjgnet.com

Date sent for review: 2013-03-19 11:18

Date reviewed: 2013-03-20 22:41

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

This is a well written study that provides useful data on the usefulness of uTAP in the diagnostic/staging algorithm for acute pancreatitis. It is a powerful study that essentially means that uTAP is unlikely to find a widespread place in acute pancreatitis prognostic scoring as there are other more widely used tests available that are equivalent. Never the less the study is important and warrants publication.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 2818

Title: Prediction of the severity of acute pancreatitis on admission by urinary trypsinogen activation peptide: a meta-analysis

Reviewer code: 00069406

Science editor: h.h.zhai@wjgnet.com

Date sent for review: 2013-03-19 11:18

Date reviewed: 2013-03-31 20:53

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

The authors made a powerful meta-analysis on uTAP's predicting value on severity of acute pancreatitis. There is less choice for clinicians to classify acute pancreatitis by laboratory tests. So uTAP maybe an option for this purpose, even its value is similar to CRP. The paper was well written and is potential to be accepted for publication, if the following issues are solved. 1.The Atlanta standard for AP was revised as mentioned in the text. So any previous severe acute pancreatitis (SAP) will represent for current moderate and severe ones (MSAP and SAP). The authors need to change the phase or make a note somewhere in the text. 2.In the first paragraph of results,"three for diagnosing acute pancreatitis" were excluded. The authors should explain the reason,e.g not test for SAP. 3.In Figure 3 legend miss the Fig3C. 4.In discussion,"that the revised Atlanta Classification[42] recommends the use of uTAP for severity stratification". However, there is no such information in that paper. 5.A funnel plot shows that there was no evidence of publication bias is needed. 6.In Figure 2 and 3, there are moderate to substantial heterogeneity in the pooled sensitivity and specificity for severity predication, the author tried to explain the heterogeneity by performing subgroup analysis, however, in Table 3, the data of I2 were not provided, and it is difficult to determine these study-related factors can convincingly explain the significant heterogeneity, so I think the data of I2 shall be given. In addition, I suggest the author make some comments to explain these heterogeneity from a clinician's perspective, not just from methodology point of view.