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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4195

Title: Pharmacological Challenges in Chronic Pancreatitis

Reviewer code: 00057837

Science editor: Wen, Ling-Ling

Date sent for review: 2013-06-20 12:55

Date reviewed: 2013-08-30 19:13

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[Y] Grade B (Very good)	[] Grade B: minor language polishing	[] Existed	[] High priority for
[] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[] Minor revision
		[] No records	[] Major revision
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COMMENTS TO AUTHORS

This is a nicely written manuscript giveng a good overview over the field of pharmacological specifities in CP patients. style and language are adequate for acceptance, no revisions arer neccessary.



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4195

Title: Pharmacological Challenges in Chronic Pancreatitis

Reviewer code: 01436653

Science editor: Wen, Ling-Ling

Date sent for review: 2013-06-20 12:55

Date reviewed: 2013-09-03 14:10

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[] Grade B (Very good)	[Y] Grade B: minor language polishing	[] Existed	[] High priority for
[Y] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[Y] Minor revision
		[] No records	[] Major revision
			!

COMMENTS TO AUTHORS

This manuscript, "Pharmacological Challenges in Chronic Pancreatitis", is a well-written article, reviewing pathogenesis and managment to the patients with chronic pancreatitis. It might be considered accepted after belowing minor revisions: 1. The authors pointed out the possible etiolgies of pancreatitis, such as alcohol, nicotine consumption, hereditary factors, immunological factors, et al. However, in the East, gallstones or biliary pancreatitis has a higher percentage than the others. Could the authors add more information about this group of patients? 2. The authors mentioned the benefit of "low-fat diet", please present it more precisely, for example, how much Kcal in a day? or percentage in whole-day intake? 3. In the "Mangagment in chronic pancreatitis", "Surgical managment" has a parital role. In the true world, ERCP, EPT, and/or pancreatic duct stent implant, own less invasive and more adapted in these patient. Could the author include the related description?



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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 4195

Title: Pharmacological Challenges in Chronic Pancreatitis

Reviewer code: 00289406

Science editor: Wen, Ling-Ling

Date sent for review: 2013-06-20 12:55

Date reviewed: 2013-08-19 20:11

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[] Grade A (Excellent)	[] Grade A: Priority Publishing	Google Search:	[] Accept
[] Grade B (Very good)	[Y] Grade B: minor language polishing	[] Existed	[] High priority for
[] Grade C (Good)	[] Grade C: a great deal of	[] No records	publication
[Y] Grade D (Fair)	language polishing	BPG Search:	[]Rejection
[] Grade E (Poor)	[] Grade D: rejected	[] Existed	[Y] Minor revision
		[] No records	[] Major revision
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COMMENTS TO AUTHORS

Interesting as CP is a rather complicated disease and it might be helpful to be aware of the various problems addressed in the review. I suggest to change introduction and conclusion to clarify the aim and results of the paper. Furthermore I suggest to reevaluate the recommendation to use a low fat diet as in many of the patients a normal fat containing diet with sufficient enzyme replacement should be better. Furthermore changes in the duct system/obstruction should primarily be addressed by endoscopic techiques and not be surgical techniques.