



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 10996

**Title:** AUTOIMMUNE PANCREATITIS: MULTIMODALITY NON-INVASIVE IMAGING DIAGNOSIS

**Reviewer code:** 02503737

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-04-29 18:59

**Date reviewed:** 2014-05-27 19:02

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 checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input checked="" 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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

1) This review article is well written, but I feel native English check is necessary. "Prompten" may be a mistake of "prompt". "Contrastgraphic" is not on a dictionary. 2) On color-Doppler ultrasound, the enlarged pancreas can show hypervascularity, but decreased enhancement of the pancreatic gland in the early phase of contrast-enhanced CT is one of the typical finding of AIP. How do the authors explain this discrepancy?



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**ESPS manuscript NO:** 10996

**Title:** AUTOIMMUNE PANCREATITIS: MULTIMODALITY NON-INVASIVE IMAGING DIAGNOSIS

**Reviewer code:** 02577402

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-04-29 18:59

**Date reviewed:** 2014-05-27 22:51

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"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

**COMMENTS TO AUTHORS**

This manuscript reviewed the multimodality non-invasive imaging diagnosis of autoimmune pancreatitis and is a well-written paper. However, there are also some problems. Specific comments:

1. The language needs appropriate revision. There are some grammar mistakes and typos here and there. Please check the whole article and correct the relevant mistakes. For example, in the abstract: "-----, focusing on diagnosis and differential diagnosis with pancreatic ductal adenocarcinoma, wich is a pathological entity with a similar imaging appearance but a completely different management."Here, wich is wrong. Another example: "strenghten" and "prompten" in Other Organ Involvement.
2. The abstract is too long. Please rewrite the abstract in a more concise way.
3. Use of abbreviations: When using an abbreviation, at the first time using the abbreviation, you should give the full phrase. FOr example, "autoimmune pancreatitis" (AIP). Later you can always use the abbreviation instead of the full phrase. However, the authors did not abide by this rule. For example, the author had used AIP for "autoimmune pancreatitis". But in the PART of "IMAGING", "autoimmune pancreatitis"appeared again. This is not correct. In addition, there are a lot of abbreviations which the authors did not give any full phrase even at the first time using them. For example, US, CT, MRI, MRCP, ERCP, etc. Please check the whole article and give all the abbreviations at the first time you mentioned them.
4. other mistakes: 73,1% should be 73.1%. "some studies states" should be "some studies state" in the DISCUSSION.



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

**ESPS manuscript NO:** 10996

**Title:** AUTOIMMUNE PANCREATITIS: MULTIMODALITY NON-INVASIVE IMAGING DIAGNOSIS

**Reviewer code:** 00289440

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-04-29 18:59

**Date reviewed:** 2014-06-08 20:57

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"/> Existing	<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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

Dear Editorial According to manuscript AUTOIMMUNE PANCREATITIS: MULTIMODALITY NON-INVASIVE IMAGING DIAGNOSIS ID: 10996 In this clinical practice manuscript, the authors described image findings of AIP at ultrasonography, computed tomography, magnetic resonance and PET/CT imaging, focusing on diagnosis and differential diagnosis with pancreatic ductal adenocarcinoma. General comments: The authors explained well all the image findings of AIP and the key point findings for differentiation between pancreatic ductal adenocarcinoma and AIP, this is an excellent practical manuscript with a fluent writing and no revision is needed.



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**ESPS manuscript NO:** 10996

**Title:** AUTOIMMUNE PANCREATITIS: MULTIMODALITY NON-INVASIVE IMAGING DIAGNOSIS

**Reviewer code:** 01192010

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-04-29 18:59

**Date reviewed:** 2014-06-17 00:14

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existing	<input checked="" type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This is a well-written narrative review on imaging modalities in autoimmune pancreatitis. The review covers well the imaging modalities. I miss evidence grading of imaging reported separately for diagnosis, prognosis, treatment effect and follow-up. In particular, are there any conflicting recommendation between US/European organisations, are there economic issues (NICE recommendations) etc? There is all to many illustrations, many without arrows for identification of critical findings. The total number of CT/MRIs are close to 30.