- Really, I have enjoyed reading your article but i have some comments: 1.Comparison with acute non-ERCP-induced pancreatitis, of which etiology? 2. “Organ failure develops early in the severe form of AP, either present at admission or 14 hours later” why 14 hours? Is there any scoring system applied at admission and 14 hours later? 3. “Repeated and difficult papilla cannulation can lead to oedema and obstruction of free juice flow and sphincter of Oddi spasm” is it method or operator related? 4. “An incorrect volume and speed of injecting contrast media are responsible for hydrostatic injury” what the optimal volume and speed? 5. What about the role of pre ERCP NSAIDS in prevention of PEP? 6. There are repeated paragraphs in abstract, introduction, discussion and conclusion.

1. Non- ERCP induced pancreatitis relates to attack of acute pancreatitis, caused mostly by biliary stones and alcohol abuse, but also any other etiology

2. It's typing error. Corrected to 24 hours as cited author states.

3. Combined operator and method- related factor. Corrected

4. Deleted previous version since there are no data regarding the exact volume and speed of injecting of contrast

5. Since the PEP prevention is not the main topic of this review we did not mention NSAID's. Moreover NSAIDs are well known and universally accepted method of PEP prevention and we tough that there are no reason for further explanation of that topic.

- In this review, pancreatitis from ERCP and non-ERCP etiologies are discussed. The authors have reviewed the recent literature satisfactorily. However, the hypothesis stated in the core tip is not well-substantiated. A table highlighting the major findings will be useful. Although the differences in the pathogenesis has been proposed, it is not proven. Also, what information from this review can be useful for the clinicians should be discussed?

We hypothesize that differences in the pathogenesis may be taken into account, as an explanation for differences found in clinical presentation. But reviewing the literature we didn't found exact answer for the clarification of the pathogenesis of acute pancreatitis as well as pathogenesis of PEP. Therefore, we believe that this topic requires further research that could ultimately serve clinicians to detect adequate biomarkers or immunotherapy

- A good study in a quite difficult issue with still controversial results that have to be answered. Easy to read and follow the main idea and argumentation. Some graphical errors that have to be corrected. Tex: page 9 , they mix text, figure and table. Suggest: try to separate figure 2 from text and move the whole table 2 in page 10. Moreover in page 10 they mix the typeface style (before ref 27).

Corrected

Dear Editor,

Responses to other peer-reviewers we offered earlier and they are also marked red in the updated version of the manuscript.

Peer – Review comment:

Number ID 01714826

„In this review, pancreatitis from ERCP and non-ERCP etiologies are discussed. The authors have reviewed the recent literature satisfactorily. However, the hypothesis stated in the core tip is not well-substantiated. A table highlighting the major findings will be useful. Although the differences in the pathogenesis has been proposed, it is not proven. Also, what information from this review can be useful for the clinicians should be discussed. "

Our hypothesis is built exclusively on papers that found difference in clinical picture. We only hypothesise about differences in the pathogenesis as a possible solution for found differences in the clinical picture. Reviewing the literature, we didn't find satisfying clarification of disease pathogenesis. This is why in our article, as a conclusion, we state that: „More thorough clarification of disease pathogenesis is needed, in order to find adequate immune target to predict and consequently prevent severe form of the disease." In accordance with proposal, we inserted a table highlighting major findings on page 6.

Number ID 03317257

„This paper discuss the clinical and immunological differences between AP and PEP , unfortunately authors gave very few clinical applications for the immunological differences Moreover ,the evidence supporting all the « supposed » differences are very week .in study done by Fung (9) Only 6 patients with ANP were related to ERCP."

In our review we wrote that Fung himself confessed that a small sample of patients was a major disadvantage of his study. However, I did not find studies with a larger sample of patients who worked on the same subject, direct comparing severe form of PEP vs. AP.

Testoni et al. in their study report that severe form of post ERCP AP had longer time of hospitalization and double mortality but without any statistical significance. Only for the milder form they found a statistical difference that gave them opportunity to conclude that the mild form of ERCP might be only a reaction to the procedure, rather than the inflammation. However, they also argue that more studies on more patients need to be performed so that valid conclusions can be drawn.

Also, we would like to remind that our hypothesis is built exclusively on papers that found difference in clinical picture and not on immunological resemblance.