

Thank you for reviewing our paper, "Hypothyroidism in Patients with Autoimmune Pancreatitis". We answered the comments point by point and corrected our paper according to the comments.

1. There should be a control group of general population and compare thyroid status in AIP with and the control group.

**Answer:** Thank you so much for your comment. We agree with you, and reported that the prevalence in the general population has been reported as 4.6% .

2. The number of P-values should be reported precisely not just written as "NS"

**Answer:** We agree with you, and reported precisely.

3. Is there thyroid biopsy in these patients. Authors claimed that since thyroid abnormalities in their patients responded to steroid, thyroid disease is a part of IgG4 Autoimmune disease . This needs more discussion.

**Answer:**

No there isn't. We added the following sentence. Ultimately, we cannot judge whether the hypothyroidism observed in our AIP patients is a thyroid lesion involved in IgG4-RD from these findings due to lack of evidence of histology and imaging of the thyroid.

4. Authors explained that one patient had Riedel's thyroiditis but had no AIP! This is against their primary results that included 77 patients with AIP

**Answer:**

We agree with you, and added the following sentence. In our cohort, only 1 patient was diagnosed as Riedel's thyroiditis based on histological examination of the resected specimen, while this case did not have AIP and was not included in this study.

In manuscript entitled "Hypothyroidism in Autoimmune Pancreatitis", the authors analyze the prevalence of hypothyroidism in AIP patients and found that the patients with hypothyroidism had a good responsiveness to steroids. The experiences presented in the manuscript is useful to improve the readers' clinical practice. The results also indicated it is possible thyroid lesion related to IgG4-RD, but the diagnosis of IgG4-RD involvement thyroid is not definitive in this study because of the lack of evidence of histology and imaging of the thyroid.

**Answer:** We agree with you, and added the following sentence. Ultimately, we cannot judge whether the hypothyroidism observed in our AIP patients is a thyroid lesion involved in IgG4-RD from these findings due to lack of evidence of histology and imaging of the thyroid.

The authors of this retrospective study entitled: "Hypothyroidism in Autoimmune Pancreatitis", have studied a series of 77 patients with autoimmune pancreatitis that is a pancreatic manifestation of IgG4-related disease that is frequently associated with other IgG4-related diseases. They analyze the thyroid function, antithyroid antibodies and clinical features of hypothyroidism in these patients with autoimmune pancreatitis. Hypothyroidism was observed in eight (10%) of 77 patients and was subclinical in six patients and central in two patients. The hypothyroidism was of the mild degree and was less frequent compared to previously reported cases in different series; it has a good response to glucocorticosteroid therapy. The authors suggest if subclinical hypothyroidism is another manifestation of IgG4-related disease. The study is original and evaluate new concepts in the pathogenesis of hypothyroidism but has some flaws as the reduced number of complete patients studied and also the two patients with central hypothyroidism, as consequence of hypophysitis; this component of the disease has been only studied demonstrating the TSH and FT4 concentrations that increase to the normal range one month after starting glucocorticosteroid therapy and the variations in the enlargement of the pituitary stalk without the analysis of other pituitary hormones.

**Answer:**

We agree with you, and added the following sentence. "Enlargement of the pituitary stalk and decreased levels of other pituitary hormones (adrenocorticotrophic hormone (ACTH), luteinizing hormone (LH), and follicle-stimulating hormone (FSH)) were observed in the 2 patients with central hypothyroidism" and "In the 2 patients with central hypothyroidism, the TSH and FT4 values had increased to the normal range one month after starting corticosteroid therapy (Figure 2). The enlargement of the pituitary stalk and decreased levels of other pituitary hormones had also improved."

[q1] A short running title of less than 6 words should be provided.

Would you like to revise it?

**Answer:**

Thank you for reviewing our paper and giving us valuable comments. We added RUNNING TITLE.

[q2] This file must be provided in a PDF format, and the statement must also be mentioned as a footnote in the manuscript text.

**Sample wording:** All study participants, or their legal guardian, provided informed written consent prior to study enrollment.

**Answer:**

We provided in a PDF format for Informed Consent statement.

[q3] This statement must be mentioned in the text, and a certificate of statistical review signed by a biostatistician must be provided in PDF format.

**Sample wording:** The statistical methods of this study were reviewed by [name(s) of individual(s)] from [name(s) of organization(s)]...

**Answer:**

The statistical methods of this study were reviewed by a biostatistician. Under the guidance of statistician, we re-tested again using a different method from the first time. There was no big difference in the result between the first time and this time. We added the following sentence in biostatistics statement. "The statistical methods of this study were reviewed by Makoto Saito from Tokyo Metropolitan Komagome Hospital."

[q4] **Audio Core Tip**

In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

**Acceptable file formats:** .mp3, .wav, or .aiff

**Maximum file size:** 10 MB

To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

**Answer:**

We made an audio file describing our final core tip.

[q5] Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>) DOI  
(<http://www.crossref.org/SimpleTextQuery/>) (Please begin with DOI: 10.\*\*)

For those references that have not been indexed by PubMed, a printed copy of the first page of the full reference should be submitted.

**Answer:**

We added PubMed citation numbers and DOI citation to the reference list and list all authors.