Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 73904

Title: Hospital admissions from alcohol-related acute pancreatitis during the COVID-19 pandemic: A single-centre study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 01221925

Position: Editorial Board

Academic degree: AGAF, FACS, FICS, MD, PhD

Professional title: Professor

Reviewer’s Country/Territory: Greece

Author’s Country/Territory: United Kingdom

Manuscript submission date: 2021-12-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-08 22:03

Reviewer performed review: 2021-12-12 19:45

Review time: 3 Days and 21 Hours

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SPECIFIC COMMENTS TO AUTHORS
This is an interesting paper evaluating the effect of the COVID-19-related lockdown in the UK on alcohol consumption and acute pancreatitis. Could the authors please respond to the following questions/comments? 1) The authors report an increase in admissions for first-time disease onset during the lockdown months in 2020 compared to the same time period in the years 2016-2019, thus suggesting increased alcohol use. However, this in and of itself, given the fact that the overall numbers were higher in 2019 and the fact that admissions for recurrent AP follow a different pattern is not enough to prove the relationship, although it can strongly suggest it. 2) Is there documentation/data that the patients that came in with acute pancreatitis during the 2020 lockdown period had changed their drinking habits during the lockdown? 3) What was the severity of the acute pancreatitis in these patients? 4) Could the authors expand on their suggestion regarding “different mechanisms of disease onset” in the discussion?
PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 73904

Title: Hospital admissions from alcohol-related acute pancreatitis during the COVID-19 pandemic: A single-centre study

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05421264

Position: Editorial Board

Academic degree: PhD

Professional title: Assistant Professor

Reviewer’s Country/Territory: Romania

Author’s Country/Territory: United Kingdom

Manuscript submission date: 2021-12-08

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-08 16:41

Reviewer performed review: 2021-12-14 15:36

Review time: 5 Days and 22 Hours

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| Re-review         | [ Y] Yes | [ ] No |


**SPECIFIC COMMENTS TO AUTHORS**

It is an interesting manuscript which discusses a relevant and actual topic. I have some suggestions for the authors. 1. English editing is needed, because the text is sometimes difficult to understand. A native English speaker may be helpful. 2. The Introduction is too short and it could be developed more. Some sentences from the abstract are repeated in the Introduction. 3. The inclusion and exclusion criteria should be properly highlighted and discussed more. 4. The patients group could be described in more detail, especially how they were selected for the study. The authors could use a flowchart. 5. By “normal distribution” do the authors mean “Gaussian distribution”? In this case, mean values are usually expressed as mean values and standard deviation not standard error. A linear regression model could be used to determine the factors that influenced the hospitalization rates. In Figure 1, violin plots could be used. 6. In Results, the authors should specify the exact number of male and female patients. 7. If the authors have data regarding how many patients had PA after the infection with SARS-CoV-2, they could compare this subgroup with the subgroup of patients with PA but without history of COVID-19 infection. 8. How was the diagnosis of acute/ recurrent pancreatitis established? The manuscript would benefit if the authors would include a table with laboratory results, for each of the 5 groups. There could even be a difference between these values. 9. Was there a relation between the alcohol consumption (in units) and the severity of pancreatitis? 10. In Discussion, how was “high risk’ levels of drinking” determined? Did the authors use the AUDIT scale or another scale? 11. The manuscript would benefit if the authors would describe the mechanisms responsible for acute pancreatitis. Because of the pandemic, it is difficult to determine if none of the patients
had COVID-19 previous to the hospitalization. The SARS-CoV-2 virus exerts a direct inflammatory effect on multiple organs (pancreas, liver, heart, etc.) and secondary, to the release of cytokine storm. These aspects could be highlighted in the discussions. Here are some relevant studies that could enrich your manuscript:


The Study limitations should be the last paragraph of the discussions. A manuscript usually ends with Conclusions, not study limitations.
# PEER-REVIEW REPORT

**Name of journal:** World Journal of Clinical Cases  
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**Title:** Hospital admissions from alcohol-related acute pancreatitis during the COVID-19 pandemic: A single-centre study  
**Provenance and peer review:** Invited Manuscript; Externally peer reviewed  
**Peer-review model:** Single blind  
**Reviewer’s code:** 05965943  
**Position:** Peer Reviewer  
**Academic degree:** MD  
**Professional title:** Doctor  
**Reviewer’s Country/Territory:** United States  
**Author’s Country/Territory:** United Kingdom  
**Manuscript submission date:** 2021-12-08  
**Reviewer chosen by:** AI Technique  
**Reviewer accepted review:** 2021-12-11 13:21  
**Reviewer performed review:** 2021-12-22 07:03  
**Review time:** 10 Days and 17 Hours

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SPECIFIC COMMENTS TO AUTHORS
An exciting topic worth studying. However, the methods are not well explained. There is missing information about data sources and methods to compare temporal trends. Did you use ANOVA for that matter? It does not seem appropriate for time-series analysis. Moreover, biases are not appropriately addressed in the text; due to the type of study and data collection, there is a clear possibility of an ecological fallacy. This should be discussed openly. On the other hand, I would suggest more discussion and arguments about the two main points in the results. 1. Why in 2019 is there an overall increase in alcohol consumption (“the highest)? 2. Why the reduction in admission in 2020 just after the lockdown? Did the alcohol consumption habit change in that short period of time? Why or how this change happened. I humbly ask you to reconsider the title because your data does not justify the implicit correlation between habit changes and alcohol admission. Is there information about the severity of the diagnosis in different years? Thank you for your paper, it is in fact very interesting, I would appreciate if you could review it carefully and fill de missing methodological information.
RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Editorial Board

Academic degree: AGAF, FACS, FICS, MD, PhD

Professional title: Professor

Reviewer’s Country/Territory: Greece

Author’s Country/Territory: United Kingdom

Manuscript submission date: 2021-12-08

Reviewer chosen by: Xin-Ran Guo (Quit 2022)

Reviewer accepted review: 2022-01-25 15:13

Reviewer performed review: 2022-01-25 15:16

Review time: 1 Hour

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SPECIFIC COMMENTS TO AUTHORS

I would like to thank the authors for the changes made and their responses
RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer’s code: 05421264
Position: Editorial Board
Academic degree: PhD
Professional title: Assistant Professor
Reviewer’s Country/Territory: Romania
Author’s Country/Territory: United Kingdom
Manuscript submission date: 2021-12-08
Reviewer chosen by: Xin-Ran Guo (Quit 2022)
Reviewer accepted review: 2022-01-25 06:21
Reviewer performed review: 2022-01-25 16:29
Review time: 10 Hours

Scientific quality
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Language quality
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[ ] Grade C: A great deal of language polishing  [ ] Grade D: Rejection

Conclusion
[ ] Accept (High priority)  [ ] Accept (General priority)
[ ] Minor revision  [ ] Major revision  [ ] Rejection

Peer-reviewer
Peer-Review: [ ] Anonymous  [ ] Onymous
SPECIFIC COMMENTS TO AUTHORS
The authors have answered almost all my questions. 1. The flow-chart is interesting, but I do not understand why were non-alcoholic PA excluded twice, first 1445 patients and then 324? 2. I do not think that the eligibility criteria are discussed enough. Did the authors use an age limit, for example patients over 18 years old? Were all patients with PA included in the study, independent of other coexisting pathologies or history of PA?