



# Comments on “The short-term and long-term clinical outcomes from early versus delayed minimally invasive intervention for acute necrotic collections in necrotizing pancreatitis: a systematic review and meta-analysis”

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Dear Editor,

We carefully read the recently published systematic review and meta-analysis in the *International Journal of Surgery*, which compared the outcomes of early versus delayed minimally invasive interventions in patients with symptomatic acute necrotic collections (ANCs) secondary to acute necrotizing pancreatitis (ANP). The authors included 18 studies involving 2392 patients and found that early intervention was associated with higher overall mortality and a greater need for open surgery, providing valuable insights for clinical practice. The study was characterized by a broad literature search, rigorous inclusion criteria, and detailed subgroup analyses of intervention timing, making it the largest review in this field to date<sup>[1]</sup>. We sincerely commend the authors for their efforts and contributions.

While fully recognizing the value of this work, and in line with the TITAN Guidelines 2025 on transparency in research reporting<sup>[2]</sup>, we would like to offer several additional considerations and suggestions for improvement:

**Methodological supplementation:** First, although outcomes such as overall mortality and the need for open surgery reached statistical significance, no sensitivity analysis based on study design or study quality was performed. Such analyses could help verify the robustness of the findings and reduce the risk of bias due to inclusion of predominantly non-randomized studies. Second, the authors reported the use of Egger’s test to assess publication bias, yet the results section presented only scattered p-values without a systematic summary. We acknowledge that funnel plots may have been placed in the supplementary materials, but presenting a clear tabular summary of all Egger’s test

results in the main text, together with a brief discussion, would allow readers to better appreciate the potential impact of publication bias. In addition, definitions of “early” versus “delayed” intervention varied considerably across studies (e.g., 24 hours, 4 weeks, or classification by ANC vs. WON), which may contribute to additional heterogeneity. Although sensitivity analyses were conducted, a more in-depth discussion of how these definitional differences influence the pooled results would make the conclusions more persuasive.

**Limitations in clinical generalizability:** The findings of this study are of significant importance for optimizing clinical strategies; however, their applicability in practice may be limited. Variability in patient characteristics (e.g., persistent organ failure, comorbidities, nutritional status) suggests that clinical decisions should be more individualized rather than based solely on the timing of intervention. Moreover, most included studies were single-center and concentrated in certain regions. In primary hospitals or areas lacking advanced endoscopic teams, delayed intervention may be more feasible, while early intervention may be difficult to implement due to technical and resource constraints<sup>[3]</sup>. Therefore, future multicenter studies should fully account for healthcare resource availability to improve the external validity of the findings across diverse clinical settings.

**Consistency in methodological details:** Finally, we noticed that the methods section stated “a fixed-effect model was applied if  $I^2 < 50\%$ ,” yet in some outcomes (e.g., bleeding,  $I^2 = 48\%$ ), a random-effects model was actually used. Although this discrepancy may not alter the overall conclusions, clarifying the rationale for such choices in the results section would help maintain methodological transparency and consistency.

In conclusion, this study has substantially advanced our understanding of the timing of interventions for necrotizing pancreatitis. Enhancing methodological transparency and addressing issues of clinical generalizability would further improve the robustness and applicability of the evidence. We once again express our sincere respect for the authors’ valuable contribution and look forward to future high-quality, multicenter prospective studies that can provide stronger evidence in this field.

## Ethical approval

Not applicable.

## Consent

Not applicable.

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**Declaration**

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