

Letter regarding "ACVIM consensus statement on pancreatitis in cats"

Dear Editor,

Forman et al (2021) have published a *Consensus Statement on Pancreatitis in Cats*, which covers information about etiology, pathophysiology, clinical findings, and therapy as well as clinical pathology and histopathology.

A consensus statement has the purpose of advancing the understanding of a topic including a review of the research literature, critically discussed by independent experts.¹ Thus, a consensus paper must be interpreted, taking any personal disclosures into account like every scientific article. Ideally, authors have no conflicts of interest and the areas of expertise represented by the authors are diverse to allow a broad and complete discussion of the topic, including the most current findings. This consensus statement on feline pancreatitis does not fulfill these requirements.

One of the stated aims of the ACVIM consensus paper on feline pancreatitis was to summarize the current literature. The focus here was apparently in the area of diagnosis of feline pancreatitis, which was stated to have been studied and summarized carefully. However, several relevant studies are missing or only briefly mentioned, resulting in misleading interpretations. Therefore, with this letter, we add some lacking data and context.

The clinical pathology section creates the impression that testing for feline-specific pancreatic lipase immunoreactivity (fPLI) is the gold standard for pancreatitis diagnostics. More precisely, the Idexx Spec fPL is described as the only analytically validated test. Histopathology is, however, generally considered the gold standard for the diagnosis of pancreatitis, despite certain limitations. This is also confirmed later in this same consensus statement.

It is therefore surprising that the recent study by Törner et al (2020),² which presents data from 80 cats with corresponding serological and histopathological samples, was not cited. That study correlated the fPLI test from LABOKLIN with the histopathological diagnosis of pancreatitis. The calculated specificity (74%) and sensitivity (mild pancreatitis: >3.5 µg/L: 73.9%, >5.3 µg/L: 56.5%; marked pancreatitis: >3.5 µg/L: 81.8%, >5.3 µg/L: 63.6%) in this study were comparable to specificities and sensitivities of fPLI in other articles.

The consensus statement does cite 2 studies in questioning the validation of the fPLI test offered by LABOKLIN.^{3,4} However, 1 of the papers cited³ does not include any data on the LABOKLIN test

while the other⁴ is a German language publication with several methodological limitations which are not discussed in the ACVIM consensus statement.

Furthermore, the LABOKLIN working group has reported elevated fPLI values in cats with epithelial or nonepithelial pancreatic neoplasms,^{2,5} as well as comparable data for canine PLI in dogs.^{6,7} These studies on PLI in tumor patients offer a much broader range of interpretation than just speculation on pancreatitis. Although 1 of the co-authors of the ACVIM consensus statement was also involved in several of the papers published in collaboration with the LABOKLIN group, none of these results were mentioned. These omissions demonstrate the incomplete nature of the literature search and overview presented, so that the consensus statement cannot represent a comprehensive interpretation of its topic.

In the ACVIM consensus statement, the 1,2-o-dilauryl-rac-glycero-3-glutaric acid-(6'-methylresorufin) ester (DGGR) lipase was described as unspecific and discordant with the Spec fPL. The discordance was not further discussed and histopathology as a gold standard was not always included in the cited studies. Articles reporting a good performance and diagnostic value of the DGGR lipase among others⁸ were not included in the ACVIM consensus statement.

It is important to acknowledge that 1 single parameter is rarely sufficient for a final diagnosis in pancreatic diagnostics. Veterinarians must be aware that choosing the best test at the perfect time in the right patient is just as important as the performance of a diagnostic test itself to make an accurate diagnosis.

As stated by the ACVIM itself, a consensus statement should provide up-to-date information. It is also good scientific practice that independent authors should provide an unbiased overview of the available data in a consensus statement article, irrespectively of the company providing any given diagnostic test. Unfortunately, this is not the case for the *ACVIM Consensus Statement on feline Pancreatitis* and the scientific value of the present consensus paper has to be questioned, at least in the concerned sections. Therefore, we strongly suggest a revision by the authors.

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