

## **APPENDIX 1 (online version only)**

*An international, web-based, multiply reiterative process was designed to obtain a consensus supported by evidence from a broad representation of physicians from many disciplines who were interested in acute pancreatitis. Three sequential drafts were sent to 11 major national and international organizations interested in acute pancreatitis, so that an international consensus classification could be developed.*

*All members of these organizations were invited to participate. After collation of responses, each revision was sent again to the entire memberships of these organizations regardless of whether they participated or not in a previous revision, so all members of these 11 organizations had three opportunities to contribute.*

*After circulation of the first draft, responses were reviewed and incorporated in a second draft, and this was sent out again. This process was repeated a third time until a consensus document was obtained.*

*Initially, a select group of about 40 pancreatologists and pancreatic surgeons met to agree on the process and areas for revision. Participants were chosen for their defined interest and publication record in pancreatitis. Participants gave up their own time during Digestive Disease Week 2007. A Working Group of 7 individuals (3 pancreatic surgeons, 2 pancreatologists, and 1 pancreatic radiologist) from USA, the Netherlands, and Greece developed the first working document of a revised classification of acute pancreatitis. This first working document was discussed, revised, and edited by the Working Group and sent initially to the original participating pancreatologists. These individuals sent back their suggestions on how to improve the document.*

*All suggestions were reviewed by all members of the Working Group, and the document was revised to the satisfaction of all members of the Working Group. Subsequent correspondence (see below) was then coordinated by one of the Working Group (MGS). This first document was defined clearly to be a “working*

*document” and by no means a final draft; indeed, no formal “publication” was made or even suggested—this was a working draft. This draft was sent electronically to all members of the following national and international organizations through their secretariat: the International Association of Pancreatology (IAP), American Pancreatic Association (APA), European Pancreatic Club (EPC) and from the EPC to its affiliated societies, Pancreatic Disorders Section of the American Gastroenterological Association, Society for Surgery of the Alimentary Tract (SSAT), Pancreas Club, American Hepato-Pancreato-Biliary Association (AHPBA), Japanese Association of Hepato-Biliary-Pancreatic Surgery, Pancreas Network of New Zealand, Australasian Pancreatic Club, and the Japanese Pancreas Society.*

*A cover letter accompanying the first draft asked the recipient of the e-mail to read the draft document and return suggestions for improvement or criticisms of the classification by e-mail.*

*This stimulated 57 individuals to respond with a wide variety of suggestions for improvement. All responses were read and discussed by each member of the Working Group. A revised second working draft (again defined clearly as such) was prepared and discussed by the working group in a conference call. A revised second draft acceptable to all of the Working Group was again sent electronically to all members of the 11 national and international organizations listed above.*

*This time, 58 responses were received. The process of review of responses and revision of the draft was repeated, and a third working draft (again defined clearly as such) was sent to the same organizations. This third draft generated 36 responses, most all of which were minor; none of the suggestions led to any substantive changes in the classification. This third draft was edited by the Working Group and reviewed further by a select group of pancreatologists from 7 countries (including 3 well known radiologists) (see acknowledgments).*

*In response to the comments received by the journal review (document too long, consideration be given to 3 levels of severity, further review, etc), the working*

*group was enlarged by addition of one other member chosen specifically for his expertise from UK (CDJ) and another person from New Zealand (JAW) was queried specifically for his input as well. The document was revised and shortened after which the entire working group prepared a fourth version of the document. Appropriate suggestions were included and discussed fully; a final draft was sent to the working group, and the final version of the classification was prepared for submission for scientific peer review. In this final version, opinion previously agreed by consensus in earlier rounds was either supported by robust evidence or rejected.*