Author's response to reviews

Title: The Value of Routine Histopathological Examination of Appendicectomy Specimens

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Version: 2 **Date:** 18 June 2007

Author's response to reviews: see over

Cover Letter

(Covering letter describing revisions in this version of the manuscript)

Step-by-step response to reviewer's reports

Reviewer's report 1: Donna A Caniano

1. Figure 1 and Table 1 are the same. This repetition has been removed.
2. Although the reviewer argues that all 46 abnormal findings were relevant to subsequent patient care (eg parasitic infestations were given eradication medication), we clearly state in paragraph 5 of the "Patients and Methods" section that we defined a result as being "clinically significant" if further investigations such as CT / colonoscopy / biopsy or if further surgical interventions were required. We agree that these aforementioned patients are clinically significant, but we sought to distinguish them from those requiring general surgical follow up, investigation and intervention. We are happy to change this if the reviewer is insistent.
3. The reviewer has correctly pointed out the false-positive diagnosis rate of 23%. In the USA our understanding is that performing a CT or USS is relatively commonplace prior to any surgical intervention. However, in the UK, there is very rarely any pre-operative imaging performed and the decision to take a patient to theatre is very much based on clinical acumen and blood biochemistry alone. In the event of continued uncertainty of diagnosis, a diagnostic laparoscopy is invariably performed, (Decadt et al BJS 1999 Nov; 86 (11):1383-6) and if no abnormality found the appendix removed.

Reviewer's report 2: Muhammed Ashraf Memon

1. The reviewer has correctly pointed out that two of the severely dysplastic cystadenomas were managed in different ways. Our explanation for this is as follows. This was a retrospective study examining a large volume of data - 3 years worth – and the patients are managed by a large number of consultant colorectal surgeons. We can only hypothesize that in the absence of any current international consensus on how to manage these lesions, the decisions were made on different occasions, perhaps years apart, by different surgeons, each with their own experience and preferred management options.
2. These patients are having three-yearly colonoscopies with outpatient follow-up as per colonic cancer protocol.
3. Reviewer's suggestion has been incorporated into the text ("See Table 1" has been added to the end of the first paragraph of the Results section).
4. Reviewer's suggestion has been incorporated into the text (an additional heading "Incidental abnormal appendix / Treatment / Patients' Outcome" has been added. It immediately follows paragraph 1 of the Results section).
5. The table has been removed from the body of the text and is to be submitted as a separate table.

Reviewer's report 3:

1. Unfortunately this was erroneously transcribed from our database to the article text. In actual fact of the five not thought to be completely resected 4 subsequently underwent right hemicolectomy. The fifth, which transpired to have a tumour free proximal margin-, was discussed at MDT because of its size (2.5cm). Due to the negligible mitotic rate the consensus was that no further action was required.
2. The reviewer's comment has been incorporated into the text. Results section, 6th paragraph: "The pathologist's report subsequently confirmed complete clearance."
3. Result section, first paragraph. The spelling of "Schistosoma" has been corrected
4. A concluding sentence has been added
5. The alignment of "Endometriosis" in Table 1 has been corrected.

Reviewer's report 4:

1. Discretionary revision noted but not changed. (No major or minor essential revisions specified).