Author's response to reviews

Title: Covered versus uncovered self-expandable metallic stents for palliation of malignant gastric outlet obstruction: a systematic review and meta-analysis

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Author's response to reviews: see over
Dear Editors,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript. We appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript. We have studied reviewer’s comments carefully and have made revision which marked in red in the paper. We have tried our best to revise our manuscript according to the comments. Attached please find the revised version, which we would like to submit for your kind consideration. We hope the revised manuscript will meet your approval for publication.

Yours sincerely,

Ya-min Pan

Point-by-point description of the changes:

Replies to Prof. Chen Shuan Chung.

Major Comments

1. In the “Complications and reintervention” part of the “Results”, uncovered stent was associated with lower rate of stent obstruction (page 8, line 12-13); however, in the “Sensitivity analysis” part of the “Results”, covered stent was associated with lower rate of stent obstruction (page 9, line 1-3). Could you make more explanations about this issue in the “discussion” part, or provide raw data for statistical analysis?

Reply: We are sorry for making such a mistake, it was writing error. According to forest plots in Fig.4, uncovered stent was associated with higher rate of stent obstruction; which was in accordance with the results in sensitive analysis.
Minor Revisions:

1. There was no analysis of demographic data in the enrolled population? Were the etiologies for malignant gastric outlet obstruction the same or heterogeneous in most of the studies?

Reply: There was no significant difference in demographic data of patients between covered and uncovered stent group in all studies, we didn’t do further statistic analysis. But there was still some potential heterogeneity in the enrolled population, we described it as deficiency in the discussion. The etiologies for malignant gastric outlet obstruction were the same in most of the studies, mainly gastric cancer and pancreatic cancer (Table.1).

Replies to Prof. Takaya Shimura.

1. Similar meta-analysis has been recently published (Int J Med Sci. 2013 Apr 27;10(7):825-35). Although this meta-analysis used only prospective study and RCT, conclusion is the same. Lee’s (2009) and Kim’s (2010) studies were used in this meta-analysis, which were also used in your meta-analysis, but meta-analysis using only prospective study is easier and more feasible for interpretation… I ask you to compare your analysis with this meta-analysis and discuss about that.

Reply: According to your suggestion, we cited this meta-analysis (Int J Med Sci. 2013; 10 (7):825-35) in introduction (Page 4, Line 12-13) and discussed it in manuscript (Page 9, Line 20-21; Page 10, Line 1-3).

2. Please describe the kind and number of cancer in your using studies.

Reply: According to your suggestion, the kind and number of cancer in included studies were described in the Table.1.

3. Chemotherapeutic drugs have been recently developed for malignancies with GOO
including gastric cancer. Description about the presence or absence of chemotherapy after SEMS in each study would provide useful information for the readers if those data are available.

Reply: Chemotherapy was reported in 6 studies, but only a few patients in each study underwent chemotherapy, and the data of interest was mixed up in most studies, so we just described it in manuscript (Page 8, Line 9-11; Page 11, Line 4-11).

4. Why don’t you use the retrospective study of Gastrointest Endosc. 2007 May;65(6):782-7? Is this study already duplicate in your analysis?

Reply: Because this study compared uncovered versus simultaneously deployed uncovered and covered (double) self-expandable metal stents, not just uncovered versus covered stents, the results of double stents might cause some bias to our statistic analysis. So we excluded this trial.