Author's response to reviews

Title: Factors Associated with Mortality Risk for Malignant Colonic Obstruction in Elderly Patients

Authors:

- guo minggao (guominggao203@hotmail.com)
- Liu Jia Zhe (zhz45@sina.com)
- Zheng Qi (zheng1863@sina.com)
- Di Jian Zhong (dijianzhong@163.com)
- Wang Yu (wangyu132@hotmail.com)
- Fan You Ben (fanyouben2006@163.com)
- Huang Xin Yu (huangxy11@hotmail.com)
- Fen Yi (orchidfy@hotmail.com)

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Author's response to reviews: see over
Shanghai, Feb. 22, 2014

Re: MS: 1338564953113264

Dear Professor Danielle Talbot:

Thank you for sending our manuscript (MS: 1338564953113264, entitled “Factors Predicting the Mortality Risk for Malignant Colonic Obstruction in Elderly Patients”) for peer review. We appreciate all the referees’ comments and suggestions. And we have improved this manuscript accordingly. For the detailed responses please see the following point-by-point description of all changes.

Sincerely,

Guo Minggao

Reviewer: Preet Paul Singh

Reviewer's report:

The authors have addressed most of the points - but still ignored some others.

These 2 issues remain and should be included in the revised manuscript:

2. Table 4 - what is p-vale of '0'? Please report actual p-value. It's unclear what is the reference category for the multivariate odds ratio? This needs to be clearly reported.

Also the odds ratio for peritonitis is less than 1 which means having peritonitis is protective in terms of mortality, which is clearly a mistake.

ANSWER: When p-value is mentioned as 0, we mean p<0.01. According to the reviewer's comment, the odds ratio for peritonitis is less than 1 which means having
peritonitis is protective in terms of mortality, which is clearly a mistake. Sorry for our negligence. We have carefully checked the statistics and we have revised it. (page 24)

COMMENT -

- p-value has been corrected. OR for peritonitis is now correct. - reference category for the multivariate odds ratio is still not reported in Table 4B. Please understand that the odds ratio means nothing as long as we don't understand what 2 groups are being compared. Please address these 2 points as discussed above.

ANSWER: According to the reviewer’s comment, we revised it Table 4B in the new manuscript. (page 24).

3. As all patients failed conservative management - I do not think "emergent" surgical intervention is still correct. Clearly the patients who developed peritonitis went onto emergent surgery, but not ones who were otherwise stable and did not have resolution of bowel obstruction at 72 hrs. Also what happened to patients who presented with signs of peritonitis - were they also conservatively managed or taken directly to surgery? Patient selection is very confusing. It may be better to say, that this study looks at subset of patients who underwent urgent surgery for failure of medical management of bowel obstruction.

ANSWER: We agree the reviewer’s comment opinion. According to the reviewer’s comment, we revised it. (page 5).

COMMENT - The authors have changed that on page 5 - but the abstract and other places in the manuscript, they are still using the term "emergent surgery". Please make it uniform.

ANSWER: We agree the reviewer’s comment opinion. According to the reviewer’s comment, we revised it in the new manuscript.