Author's response to reviews

Title: Plastic or metal stents for benign biliary strictures: a systematic review

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Author's response to reviews: see over
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Dear Dr. Graham,

Thank you for reviewing our manuscript, entitled:

Ref.: MS: 3347704952909866 Plastic or metal stents for benign biliary strictures: a systematic review

The reviews were very helpful in improving the quality of our paper. Our responses to the comments made by the reviewers can be summarized as follows:

**Reviewer 1**

1. *The reviewer asked us to spell out the abbreviations for uSEMS and cSEMS in the abstract.*

We spelled out the abbreviation for uSEMS in the abstract. Please, see Abstract (Results). All data on cSEMS were removed from the manuscript (see reviewer 2, comment 1).

**Reviewer 2**

1. *First of all, the reviewer asked us to remove all data on cSEMS and focus the whole work including conclusions on analyzing uSEMS versus plastic stents, since there is only limited data on cSEMS (2 studies).*

We agree with the reviewer that there is only limited data on cSEMS which confuses our work. Therefore we decided to focus our manuscript on analyzing uSEMS versus plastic stents including our conclusion. We removed the data on cSEMS from the Abstract, Background, Results and Discussion, Table 1a, Table 2, Table 3, Figure 1, Figure 2, Figure 3 and Figure 4.

2. *The reviewer notes that comparing metal versus plastic stents without comparing the number of ERCP sessions in each group is not fair. He suggests to provide the mean session number of each group and asses if this difference is statistically different.*

We totally agree with the reviewer that we should take the number of ERCP sessions into account. Unfortunately, no specific information on the number of ERCP sessions was available in most studies. Therefore, we are not able to assess this and determine whether this difference was statistically significant different.
3. The third point of the reviewer concerns the fact that uSEMS are typically not removed or can be very challenging to remove. That point should be made to clarify this to the reader.

We agree with the reviewer that this is an important point concerning uSEMS. We therefore (already) included this in the Background p3, paragraph 3 and the Discussion p10, paragraph 3.

4. The final comment of the second reviewer is that indication and for placement and etiology of benign biliary strictures needs to be well documented and analyzed. Statistical analyzes should be performed to assess how comparable those 2 groups are.

We concur with the reviewer that the indication and etiology of the stricture needs to be well documented. The etiology of the strictures is summarized in Table 1a and b. Statistical analyzes were performed comparing these groups. Please see Results (Patients) p 6-7 paragraph 5 and Table 3.

Reviewer 3

1. The first point of the reviewer concerns the lack of separation in type of strictures (Bismuth class I-IV). Hilar strictures are more difficult to treat than mid or distal bile duct strictures. This is especially true for post liver transplant strictures. He suggest to add this issue to the Discussion section.

We totally agree with the reviewer that we did not separate in type of strictures what could have influenced our results. Unfortunately, no specific information on the anatomical location of the stricture and results of particular stent types was available in the majority of studies. Therefore, we were not able to assess this confounding effect of anatomical location in our analyses. We (already) included this in the Discussion p11, paragraph 4.

2. The final comment of the reviewer concerns the selection bias in the series with cSEMS as they may have been chosen in more ‘refractory’ cases.

We agree with the reviewer, however all data on cSEMS was removed from our manuscript (please, see reviewer 1 and reviewer 2, comment 2).

Please do not hesitate to contact us for any further information you may require. News of your decision on final acceptance will be eagerly awaited.

Yours sincerely,
On behalf of the co-authors

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