Author's response to reviews

Title: Safety of liver resection and effect on quality of life in patients with benign hepatic disease: Single center experience

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

thank you very much for reviewing our paper entitled “Safety of liver resection and effect on quality of life in patients with benign hepatic disease: Single center experience.” Please find enclosed our revised manuscript as well as our reply to the reviewers. We found the reviewers’ suggestions very helpful to improve our manuscript and we have performed a revision of the manuscript according to these suggestions.

The authors declare again:

1. All authors listed have made substantial contribution to the submitted article and qualify for authorship.
2. All authors have read and approved the present manuscript; they agree with the content and the presentation of the paper.
3. The study is an original work and has not been published before.
4. The authors have no direct or indirect commercial incentive associated with publishing the article, there is no conflict of interest.
5. All sources of support for this work (gift or loans of equipment, gifts of reagents, financial assistance, grants) have been indicated in the acknowledgements.
6. The study was approved by the Ethical Committee of the Charité University Hospital (EA2/047/09).

We would appreciate to have the manuscript considered for publication in your journal.

Looking forward to your response,
Sincerely yours

Dr. Carsten Kamphues
Point by point reply to the reviewer’s comments

Remarks to the comments of reviewers
We thank the reviewers for their helpful comments, and we have taken their suggestions into account in our resubmission of the manuscript. We have reproduced each comment along with our responses. All changes in the document of the manuscript are marked in red.

Minor Essential Revisions

1. As I understand, QOL questionnaires were sent out to patients after recovery from liver surgery. Please try to clarify this in the methods section.

   - This was clarified in the revised manuscript.

For this reason there is an inherent bias in the "retrospective" QOL analysis.

   - We are aware of this bias and therefore we are planning prospective studies to underline the results of the present manuscript.

The other bias, which is always immanent in retrospective QOL studies, is the return rate of questionnaires. The return rate of 55% - which is quite good! - should therefore be put into context.

   - This potential bias was additionally discussed in the revised manuscript.

As it was stated in the text the sample was representative for the complete group. This should therefore also be pointed out in Table 1 and Table 2.

   - Since all tests comparing the QoL subpopulation with the entire cohort did not show statistical significance, these results were not added to the tables due to clarity reasons.

2. QOL assessment: It would be of interest if the highly significant improvements in emotional functioning page 8 are related to the treatment of suspected malignant disease. If the authors can derive this information from their data, please comment, since to eliminate all doubt in suspicious liver lesions is a very important indication for liver surgery and of paramount importance to the "QOL" for the affected patients.

   - Unfortunately, we cannot answer the question if an improvement of emotional functioning is related to the treatment of suspected malignant disease since the reasons for the improvement in emotional functioning were not the main focus of the present study. Therefore we cannot exclude that other factors might influence emotional functioning as well.
Albeit, the authors could nicely show a significant improvement in almost all symptom scales, it should also be commented on the fact that physical well-being was not significantly changed postoperatively, while more than 50% of patients were treated for severe symptoms.

- Physical functioning could not be improved significantly but this does not correlate with the fact that 50% of the patients were treated for severe symptoms. We could show that in 6 of 9 symptoms there was a significant benefit for the patients after surgery. Physical functioning is in our opinion not inevitably linked with symptoms since it is a functional and not a symptom scale. Patients can undoubtly suffer from diverse symptoms without being affected in their physical performance.

3. Table 2: Give detail for the asterisk (others*) in Table 2

- This information was added to the manuscript.

4. Page 4: change: left/right heptectomy to left/right hemihepatectomy (see page 6: operative procedures)

- The manuscript was changed according to the reviewers’ suggestions.

5. Page 7: Style: This patient recovered well and was sent to a neurological "rehab"?, abbreviation, please rephrase

- “rehab” was replaced by “rehabilitation”.

6. Page 7: This section reports recurrence, please rephrase not “true” recurrences as it suggests that those lesions were deliberately left behind at the time of surgery.

- We are of the opinion that these lesions are not recurrences in the common sense since they probably developed of preexisting small lesions. These lesions were not deliberately left behind but one has to admit that they might existed at the operation. “True” was replaced by “in the common sense” in the manuscript.

7. Page 11: Conclusions: change might leads to an improvement to might lead to.

- This sentence was corrected according to the reviewers’ suggestion.

8. Title page: Please check if PhD is the correct term/abbreviation for "Professor" (Ordinarius) and "Privatdozent" (PD) in an international context. Otherwise, please change to e.g. MD.

- As far as we are concerned, MD + PhD is the correct abbreviation for “Professor” or “Privatdozent” in an international context. Therefore the title page was changed accordingly.
Editorial request:

Please provide the name of the ethical committee that gave approval for this study.

- EA2/047/09, Ethical committee of the Charité, University Clinic, Berlin. This information was added to the revised manuscript.