Author's response to reviews

Title: Bariatric Surgery for Obese Children and Adolescents. A Review of the Moral Challenges

Authors:

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Version: 2 Date: 13 December 2012

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

I am most thankful for the wise and relevant comments which have guided the revision of the manuscript.

The main revisions are:

- The introduction has been clarified and the presentation of the various ethical issues has been refined.
- The references are revised and more references are added to make the review more complete. This was not asked for by the reviewers, but I believe it adds to the understanding of the method.
- The manuscript has been language checked by a person with special competence in English.

The changes to the manuscript are also highlighted in a separate file (with track changes).

The detailed comments from the reviewers are addressed in the following way:

Reviewer: Geoff Ball
Reviewer's Report:

1. Major Compulsory Revisions:
This is an interesting review of a very timely topic. The main criticism of the manuscript relates to the overall presentation and writing, including inconsistent paragraph structure and punctuation, which detract from the overall quality of the manuscript. In numerous instances, commas are missing from sentences and word choices are awkward. It is recommended that the author enlist, for example, an editorial service or professional writer (or even a senior colleague) to assist with clarity of presentation. This reviewer has used such a service frequently with both grant writing and manuscript preparation, and this support has been highly valued.

AUTHOR'S REPLY: The manuscript has been revised with special attention to punctuation, phrasing, and structure. It has been language checked by a person with special competence in English.

2. A number of similar terms are used to describe the population of interest. For example, ‘children and adolescents’, ‘children’, ‘adolescents’, ‘pre-adolescents’, ‘minors’, and ‘young persons’ are all used more-or-less interchangeably. However, these words/terms have different meanings and definitions.

For parsimony and consistency, the recommendation is to use either ‘adolescents’ or ‘youth’ throughout the manuscript. Since bariatric surgery in pediatrics will typically include teenagers (e.g., surgery in children <12 years old is exceptionally rare), all potential candidates for surgery will be within the adolescent age range, which is often defined as 13 – 17 years of age. This change includes the term used in the title of the manuscript.

AUTHOR’S REPLY: This is a good and important point, but bariatric surgery is performed in children (5 years, see e.g. http://www.nature.com/nrendo/journal/v8/n7/full/nrendo.2012.74.html). Hence, it is important to address the issue of bariatric surgery for children as well. The manuscript now reads: “Moreover, there are significant differences between young children and old adolescents, and there
is substantial variability in maturity within the same age group. Nevertheless, many moral questions are common. When there are specific differences between children and adolescents or special age groups are addressed this will be made explicit in the text.”

3. Informed consent is discussed as a distinct section in the manuscript, which is appropriate. However, given the adolescent age range, is it also appropriate to consider issues regarding ‘assent’? From a pediatric research perspective, parents/guardians typically provide informed consent for their children to participate in research; at the same time, children and youth will provide informed assent at enrolment. Please clarify whether this was considered in the preparation of the manuscript, and whether or not additional information should be included to explore this issue in greater depth.

AUTHOR’S REPLY: This is a good point which has been addressed (at multiple places) in the revised manuscript.

4. Increasingly, more patient- or person-centred terminology is being used in the obesity literature. When relevant, please change terms such as ‘obese adolescents’ to ‘adolescents with obesity’. Arguably, this more politically-correct wording puts the individual first and the health issue/disease second.

AUTHOR’S REPLY: Very good point. This has been done.

Minor Essential Revisions:
5. Page 4, paragraph 4, sentence 5: Please re-word for clarity. Additional details are needed to clarify the meaning of ‘potential outcomes’ and ‘important outcome questions’.

AUTHOR’S ANSWER: This has been rephrased: “Knowledge from uncontrolled series from selected centers indicate that bariatric surgery may be beneficial [40], but evidence on important outcome measures is lacking [19, 25].”

6. Page 4, paragraph 5, sentence 1: Please re-word to clarify meaning. Also, as a two sentence paragraph, this sentence can be either merged with an existing paragraph or have additional content added.

AUTHOR’S REPLY: This has been done.

7. Page 4, paragraph 6, sentence 3: Please re-word “...too early or too late.” More details are needed for clarity of meaning.

AUTHOR’S ANSWER: This has been rephrased: “The same goes for timing: operations may be performed too early (with a poor benefit/harm ratio) and too late (without obtaining the potential health benefit).”

AUTHOR’S REPLY: This has been done.

8. Page 5, after paragraph 3: These one-sentence paragraphs should be merged or supplemented with information to form proper paragraphs.

AUTHOR’S REPLY: This has been done.

9. Page 7: References from paragraph 3 can be moved to / merged with the last sentence of the first paragraph since this is redundant information. Paragraph 3 can be omitted.

AUTHOR’S REPLY: This has been done.

10. Pages 7 and 8: Last sentence on page 7 / first sentence on page 8 needs to be re-worded for clarity of meaning.

AUTHOR’S REPLY: This has been done.

11. Page 9, sentence after paragraph 3: Merge sentence with paragraph 3.

AUTHOR’S REPLY: This has been done. The same goes for the following comments.

12. Page 9, second to last sentence on the page: Omit sentence; redundant to early information.

13. Page 10, paragraph 3, sentence 3: First half of sentence is redundant; please omit.


15. Page 13, paragraph 2, second to last sentence: Please re-word for clarity (“Surgery very early...”)}

16. Please avoid the use of phrases such as ‘see below’ or ‘discussed below’ throughout the
17. Please ensure the font is consistent throughout the manuscript.
18. Please avoid one-sentence paragraphs throughout the manuscript.
19. Please review the ‘References’ section to ensure consistent formatting of journal titles.
20. References 24 and 26 are the same.
21. Reference 51 is incomplete.
22. The terms ‘challenge’ and ‘challenging’ are used extensively throughout the manuscript. At your discretion, please replace some instances with synonyms; in other instances, alternatively, please provide additional context to describe what makes the circumstances so challenging.

AUTHOR’S REPLY: This has been done. Terms such as problems, difficulties, dilemmas, and quandaries have been used.
Reviewer's report
Title: Bariatric Surgery for Obese Children and Adolescents. A Review of the Moral Challenges
Version: 1 Date: 13 October 2012
Reviewer: Alessandra Alciati

Reviewer's report:
The article addresses the ethical aspects of applying bariatric surgery to morbidly obese pediatric patients, using a Socratic method. This topic may be of interest to the number of specialist involved in the decision (surgeon, pediatrician, nutritionist, endocrinologist, psychologist, psychiatrist), even if this argument has already been addressed in the literature.
The manuscript addresses the broad spectrum of moral issues exhaustively and the ethical reasoning is generally logical.

We recommend the following discretionary revisions:

INTRODUCTION
1. The central part of the introduction is a confusing because there are too many questions about the different topics. This part is made even more redundant by the fact the discussion of each question was issued with comprehensiveness in the results section.
   AUTHOR’S REPLY: The questions have been removed and the introduction is revised significantly.

2. While taking account of the scarcity of current scientific evidence, it may be helpful to the reader a brief overview of the current evidence on the outcomes of surgery in adolescents, especially since the moral underpinnings of the “factual issues” are discussed in Conceptual Challenges section. A quantitative overview of the effectiveness of bariatric surgery in children and adolescents, the rate of complications and a comparison with other medical non-surgery intervention programs need to be provided. For this purpose, it may be useful to describe the results of papers such as the review of Treadwell (2008) already cited in the text but only to remember the risks of surgery.
   AUTHOR’S REPLY: This has been done. The paragraph now reads: “Knowledge from uncontrolled series from selected centers indicate that bariatric surgery may be beneficial [40], but evidence on important outcome measures is lacking [19, 25]. A systematic review and meta-analysis found clinically significant BMI reductions for both Laparoscopic adjustable gastric banding (LAGB) and Roux-en-Y type gastric bypass (RYGB)[41]. Surgery was reported to resolve some medical conditions including diabetes and hypertension, but this was poorly reported. Band slippage and micronutrient deficiency were the most frequently reported complications for LAGB, but band erosion, port/tube dysfunction, hiatal hernia, wound infection, and pouch dilation was also reported. More severe complications have been documented for RYGB, such as pulmonary embolism, shock, intestinal obstruction, postoperative bleeding, staple line leak, and severe malnutrition[41]. A more recent level 1 evidence study shows greater weight loss for those who underwent laparoscopic banding procedures than for those following a medical weight loss program [42]. However, the latter group showed substantial improvement in hypertension, hyperlipidemia, and insulin resistance. New non-invasive procedures trying to mimic hormonal effects of bariatric surgery may become available [43], but need testing before proper assessment.”

AUTONOMY AND COMPLIANCE
3. The important topic of compliance to postoperative nutritional and behavioral indications are discussed superficially.
AUTHOR’S REPLY: This has been elaborated.

INFORMED CONSENT
4. I appreciated, the mention, in this (and in others) section of the paper, of the comorbidity between obesity and depressive and anxious disorders. The vast majority of recent studies, in adult population, supports this comorbidity making the moral challenge more complex
AUTHOR’S REPLY: This has been substantiated even more.

Minor essential revisions:

PREJUDICES
5. The statement in the last four line, paragraph 2, page 8 can not be considered as a prejudice
AUTHOR’S REPLY: Good point. This has been changed.

CONCLUSION
6. The section Conclusion both in the abstract and in the article does not reflect the skill with which the topic were discussed in the text
AUTHOR’S REPLY: These have been altered to better reflect the content of the manuscript.