Reviewer’s report

Title: DISCOVER trial: Distal resection of the pancreas with or without coverage of the pancreatic remnant. Trial protocol of a randomized controlled trial

Version: 1 Date: 10 September 2013

Reviewer: Sarah Damery

Reviewer’s report:

This protocol outlines a straightforward surgical trial comparing rates of postoperative pancreatic fistulas following distal pancreatectomy in patients undergoing standard surgical procedures vs. coverage of the pancreatic remnant using the falciform ligament.

The study design and methodology are sound, and potential ethical issues and adverse events have been addressed within the protocol. The main issue with this protocol is the poor English which throughout the manuscript makes it very difficult to ascertain what the authors are trying to say. I would recommend that the authors get their protocol professionally copyedited for comprehensibility in the English language. I suggest changes that should be made to the protocol below. For ease of addressing them, I have numbered my comments, which should all be considered major compulsory revisions.

Major compulsory revisions

1. Abstract: Methods section should be structured in terms of the primary and secondary endpoints for the trial
2. Abstract: Methods section should include the types of statistical analysis that are planned
3. Abstract: The abstract is currently lacking a discussion and/or conclusion section. Despite the fact that this is a protocol, a discussion is still necessary i.e. what are the clinical and/or other implications of the trial, and how will the findings influence clinical practice?
4. Throughout the protocol: Ensure that the headings and subheadings conform to the journal style with regard to bold/not bold, italic/non-italic, capitalised/not capitalised. There is not much standardisation at present. Also remove the hyphen before the subheading titles.
5. Background section, second paragraph: Grade B and C fistulas need to be described in more detail. I suggest putting Table 2 at this point rather than its current location (and making it Table 1)
6. Background section, third paragraph: The authors mention that various techniques for closing the pancreatic stump are available. More detail is needed as to what these techniques are.
7. Throughout the protocol the tense is usually incorrect. As this is a protocol, it
should be written in the future tense i.e. things that will happen. For example, instead of saying ‘patients are’, it should say ‘patients will be’. There are many instances of this in the protocol, which all need to be changed to the correct tense.

8. Preliminary data section, paragraph 2: The authors state that hand suture and stapler closure are the most often used techniques. However, the protocol is not concerned with how often procedures are used. The text here should be about the relative POPF rates for different types of surgical technique.

9. Sample size calculation section. The authors reference the internationally accepted definition for pancreatic fistulas. As this is an important part of the study, I would suggest stating what the definition is in addition to simply providing a reference where the definition can be found.

10. Sample size calculation section. The authors mention including covariates of prognostic importance in the logistic regression mode. It would be useful to state here what these covariates will be.

11. The word intraoperatively is used several times throughout the protocol and it is not clear what this means. For example, in the randomisation section, the authors state that patients are randomised intraoperatively. Does this mean that patients will be randomised once the surgical decision to perform DP has been made? If so, this needs to be clear, as the word intraoperatively is difficult to understand in this context.

12. In the ‘safety aspects of the coverage procedure’ section, the sentence beginning ‘Intestinal perforations’ does not make sense. How do the authors know that perforation risk is considerable if it is not described in the literature?

13. In the sentence after this, the authors state that the coverage procedure does not extend the operation time and does not increase blood loss. Surely this is one of the outcomes that the trial should assess rather than the authors assuming this is the case.

14. In the AE and SAE section, paragraph 2, it is not clear at which time point the postoperative visits and telephone interviews will be undertaken. Are the postoperative visits referring to ward visits before the patient is discharged from hospital, or visits to the person’s home after their discharge?

15. Statistical methods section: The first sentence is not clear, when the authors talk about intention to treat and per protocol analyses.

16. As was the case with the abstract, the protocol lacks a discussion/conclusion section. Even though this is a protocol which outlines the methods for the trial, a discussion section is very important. It does not have to be very long, but the manuscript is complete without a discussion being added. I suggest looking at other trial protocols published in Trials to see how other authors have addressed this section.

Minor issues not for publication

The following all relate to language and typographical edits that need to be made to the manuscript. I have not been exhaustive in my coverage, as it should not be
the role of a reviewer to make language corrections for the authors. However, by outlining the issues, I hope that it is clear that changes to the language and grammar of this protocol will make it easier to understand. Corrections are outlined by section:

Abstract
1. Line 1: ‘Distal pancreatectomy’, not ‘distal pancreatectomie’
2. Line 2: Change text to ‘Postoperative pancreatic fistulas (POPF) represent the most significant clinical complication’

Introduction (background section)
3. Sentence beginning ‘Nondrained intraabdominal..’: Not sure what the word consecutive means in this sentence
5. Sentence beginning ‘Very rarely..’ Change to ‘further surgery’ rather than ‘re operations’
6. Sentence beginning ‘Depending on..’ Change to ‘clinically relevant’ rather than ‘clinical relevant’

Introduction (preliminary data section)
7. First sentence (‘The best technique..’) Does not make sense. Suggest changing to ‘There has been a longstanding debate as to the best technique for closure of the pancreatic remnant’.
8. Second sentence: ‘stapler’ not ‘stabler’
9. Paragraph 1, final sentence. Change to ‘application of meshes did not reduce’. Also, should this be ‘meshes’ rather than ‘mashes’?
10. Paragraph 2, first sentence. Change to ‘...lack of evidence and found’ rather than ‘lined out’
11. Paragraph 2, final sentence. Remove ‘so’ from the end of the sentence.
12. Paragraph 3, third sentence. The text which reads ‘the use of analogous patches for protection of lesions on risk’ does not make sense. Reword this.
13. Paragraph 3, third sentence. Instead of ‘a technique which has been neglected for a long time’, change to ‘an underused technique’.

Study population and location section
14. Add ‘the’ before ‘Study population’
15. Change ‘This trial is performed unicentric’ to ‘This single centre trial will be performed’

Ethics section
16. Instead of ‘screened for eligibility criteria’ simply write ‘screened for eligibility’.

Study treatment section
17. Add (control group) in brackets after the section heading ‘Standardized surgical approach’

18. Paragraph 1: Change first sentence to read ‘The type of abdominal incision (longitudinal or transverse laparotomy) will be left to the surgeon performing the procedure’.

19. Paragraph 1, final sentence. Change ‘is not allowed’ to ‘will not be allowed’

Experimental group section

20. Change ‘In patients with demanded additional coverage’ to ‘In patients randomized to the additional coverage procedure’

Safety aspects section

21. Remove ‘as known so far’ from the beginning of the first sentence.

22. Third sentence, remove ‘a’ from before ‘delayed gastric emptying’, and change falciforme to ‘falciform’

AE and SAE section

23. Remove the sentence ‘The surgical procedure itself is no AE. An AE shifts to an AE of clinical relevance if further diagnostic or therapeutic steps are necessary.

Postoperative data collection section

24. Second paragraph, change ‘a raising rate’ to ‘an increased rate’

25. Third paragraph, change ‘three month’ to ‘three months’

26. Third paragraph, change ‘after operation’ to ‘after their operation’

27. Third paragraph final sentence, change ‘summary of time and kind of data collection’ to ‘summary of timing and type of data collection’

28. Why is figure 2 embedded within the paper and none of the other tables and figures are. I would suggest that figure 2 is not a figure but is actually a table.

Primary endpoint section

29. Change ‘The primary endpoint of this trial is the occurrence of’ to ‘The primary endpoint of this trial is the rate of occurrence’

Secondary endpoints section

30. The final sentence does not make sense. I suggest changing to ‘The questionnaire to be administered 40 days after the operation will be paper based, and sent to patients by post’

Minimizing systemic bias section

31. The authors use the word intraoperatively three times in this paragraph, but again it is not clear what it means in this context. Suggest rewording.

Minimizing treatment bias section

32. First sentence, change ‘technical simple’ to ‘technically simple’, and ‘we suppose’ to ‘we predict’

33. Second sentence, change ‘all participating surgeons who participate’ to ‘all
surgeons participating in the study'.
Statistical methods section
34. Second paragraph, change ‘extension of resection’ to ‘extent’
Table 1
35. Change ‘Age equal or above 18 years’ to ‘Aged 18 years and over’
36. Change ‘planed’ to ‘planned’

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.