Author’s response to reviews

Title: Power of computed-tomography-defined sarcopenia for prediction of morbidity after pancreaticoduodenectomy

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Author’s response to reviews:

Dear Editorial Board of BMC MI,

We want to give thanks to the reviewers' work that, to our feeling, helped us to improve the quality of the manuscript. We hope now all requirements are met and publication can be considered.
Please find the point by point replies below.

Kind regards,
Nicolas Linder

Editor Comments

E1.1 This a very interesting paper, in my opinion. However, I agree with the reviewers on the need to show how reproducible your data are in terms of CT technique. Please, provide a “CT technique” paragraph detailing the equipment, scan parameters, contrast dose and injection rate, acquisition phases, and so on.

REPLY: Thanks you for this comment. We added the paragraph as requested.

E1.2 In the abstract, please rephrase “further improve the current approach” in the background, since this sounds as a speculation rather than a direct result from your study.

REPLY: This is a very good suggestion. We changed the text.

Reviewer 1

R1.1 In Methods section, should provide more details about: a) the study type (prospective data collected, however retrospective database analysis), b) all selection (inclusion and exclusion criteria), should also c) demonstrated and evaluated the specific etiology and diagnostic that led the patient to undergo surgery.

REPLY: Thank you very much for this insight comment. We now provide more detailed information about the study type, in- and exclusion criteria and
R1.2 I believe it is important to analyze the baseline data and comorbidities of all included patients because they may be a selection bias of the present study, or maybe with the results obtained.

REPLY: Please see R 1.5

R1.3 Important to state which patients performed any type of chemotherapy (how long? which? time? type?). Should describe clearly these selection of the patients. It will be possible to perform prospectively? Or any other associated treatment.

REPLY: Thank you very much for this advice. We now provide detailed information regarding cancer characteristics.

R1.4 Moreover, you were able to use control group or perform some comparisons? Or your study is only a descriptive one.

REPLY: This study is descriptive. We added this relevant detail in the methods section.

R1.5 Regarding your results description. I suggest to perform a baseline table with groups comparisons.

REPLY: We now provide a new table (new table 1) with the baseline characteristics.

R1.6 Needs to improve the limitations of your study.

REPLY: We added more text to the limitations section.

Reviewer 2

R2.1 Keywords: add "Computed Tomography".

REPLY: We followed this suggestion.
R2.2 Obtaining Clinical data. A brief description of Clavien-Dindo-Classification and ISGPF criteria should be provided in the text, or better yet, in a summary table.

REPLY: We added a corresponding section in the methods section.

Surgical procedure and perioperative management.

R2.3 Please specify mean follow-up time for major complications and POPF.

REPLY: Thank you for this comment. Details were added.

R2.4 How POPF was diagnosed? Please specify.

REPLY: Details on the diagnosis of POPF were completed.

R2.5 Analysis of Radiological data: Detailed information about scan parameters, intravenous/oral CM administration and acquired post-contrastographic phases are required.

REPLY: Please see comment E1.1

R2.6 Please accurately describe methods for SMI and MA measurement. Thresholds' values for definition of sarcopenia should be reported too.

REPLY: The details are now provided as citation.

R2.7 Please specify the timing of CT imaging analysis and if it was performed on unenhanced or contrast-enhanced images.

REPLY: Please see comment E1.1

R2.8 Results: Imaging parameters: P9L192-193: data reported in Table 1 show no significant differences for SMI. Please rewrite accordingly.

REPLY: We followed this correction. This was a mistake. We apologize.
R2.9 Discussion: Overall too long, it should be shortened avoiding repeating results.

REPLY: We agree with the reviewer and reduced some paragraphs by length, especially in the beginning.

R2.10 Potential clinical implications and feasibility of the proposed method in a routine clinical setting should be discussed by Authors.

REPLY: Thank you for this suggestion. We added a new paragraph.

R2.11 Figures: Figures should be numbered in the order they are first mentioned in the text.

REPLY: We are sorry for this sloppiness and changed the numbering.