Author’s response to reviews

Title: Promoting faster pathways to surgery: a clinical audit of patients with refractory epilepsy

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Response to editorial comments

Please provide information on the 3 points listed below. If unable, raise them as limitations and add discussion. See comments to the previous version (NURL-D-18-00599).

Editorial comments

Thank you for the opportunity to clarify these points

#1. The location of the seizure foci.

We have added this to the limitations section of the study and clarified the text as follows (Page 17, Line 240): “The sample size, especially those undergoing surgery (n=11), also makes it
difficult to report statistically significant differences in location of seizures or types of surgery undertaken. We therefore did not include these factors in this study which was designed to assess the different patient pathways, referral and surgical timeframes, and surgical and medical treatment options. However, given the importance of these factors in determining the impact of surgery, we will address this in future studies that follow a larger cohort of patients through the surgical assessment pathway.”

#2. Type of surgeries; in resective surgery, resected areas, complications, and sequelae.

We have added this to the limitations section of the study and clarified the text as above.

#3. Definition of "refractory epilepsy";

We have referenced the definition of refractory epilepsy as per the ILEA definition1 (page 6 Line 127): after trials of at least two appropriate and tolerated AED schedules, either as monotherapy or in combination, failed to achieve freedom from seizures.