Author’s response to reviews

Title: Reducing the extent of facetectomy may decrease morbidity in failed back surgery syndrome

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Author’s response to reviews:

Dear Prof. Georg Osterhoff:

We would like to express our sincere gratitude to you and the reviewers for the opportunity to revise our manuscript entitled “Reducing the extent of facetectomy may decrease morbidity in failed back surgery syndrome.”

We have studied carefully each comment of the reviewer. And I’d like to express my gratitude to Prof. Christian Johannes Pfeifle for his kind comments. Meanwhile, limitations of the current manuscript he mentioned in the previous edition comment are being tried to improve in our next research.

Meanwhile, we also would like to thank Prof. Simon Tiziani for the concern regarding ethical issues. And in response to this concerns, I will explain in detail the issue of ethical, safety and volunteer compensation in this response letter.

Firstly, as I mentioned in the last edition’s response letter, in our hospital, to reduce the ionising radiation to patients undergoing CT, the area of the scan was strictly limited to the predetermined lesion area. For example, only the discs in the lower lumbar spine are scanned for patients suspected to suffer the lumbar disc herniation, rather than the whole lumbosacral spine area. Hence, we were unable to find the data needed to model reconstruction in the hospital’s existing database, and the only we can we collect imaging data is recruit volunteer for the CT scan.
It's also important to note that the compensation standard we mentioned in the last response letter is not developed separately for the volunteer in this manuscript but for all volunteers who received CT scans in the implementation of the provision of the Project of Jiangsu province health and family planning commission (H2018025).

Most importantly, according to ‘Basic standards for protection against ionizing radiation and for the safety of radiation sources (GB18871-2002)’ in our country, the radiation dose of the lumbar CT scan in the current study was much lower than the pathogenic dose of healthy adults, so the data collection was theoretically safe and would not bring adverse effects to the volunteers.

For above reasons, one of the authors of this manuscript, as an orthopedic surgeon, received a lumbar CT scan after signing the informed consent form and knowing all the experimental contents and potential risks. In addition, the finite element study using imaging data for model construction and biomechanical research and experimental results in the current study will not be affected by the subjective intention of volunteers. Therefore, we believe that the selection of orthopedic doctors as volunteers to collect CT data will not lead to the deviation and unreality of experimental results.

On the basis of fully understanding the content of our experiment, the ethics committee of our hospital approved this experiment. According to the request of Prof. Georg Osterhoff, in this reversed version of the manuscript, we uploaded an English statement which was approved and sealed by the ethics committee of our hospital.

In conclusion, through the above statement, we hope respected editor and reviewers can believe that the CT data collection process in this study is in line with the relevant provisions of medical ethics and completed with full consideration of the safety of volunteer. And we hope the reversed manuscript can be accepted by your journal and please do not hesitate to contact me if you have any questions.

With kind regards,

Sincerely

Lin Xie and co-authors of this paper.