Author's response to reviews

Title: Impact of ABO blood group on the prognosis of patients undergoing surgery for esophageal cancer

Authors:

Wei Wang (Wangweisurgery123@126.com)
Lei Liu (liulei5602@126.com)
Zhiwei Wang (Docwangzhiw11@163.com)
Min Wei (Surgeryweimin@126.com)
Qi He (Docheqi@163.com)
Ziang Cao (Caozang123@163.com)
Yixin Zhang (Docshimx@126.com)
Qiang Wang (Surgerywangqiang11@126.com)
Minxin Shi (Doczhangyx@126.com)

Version: 5  Date: 24 May 2015

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

We are grateful for the opportunity of revising our manuscript entitled “Impact of ABO blood group on the prognosis of patients undergoing surgery for esophageal cancer”. We thank the reviewers for their critical comments and valuable suggestions which greatly helped us to improve this work. As you and the reviewers may see, we have taken a great effort to address all the points raised by reviewers, and now finished the revision.

Here we would like to submit the revision along with the point-by-point responses to the reviewers comments, and would appreciate your consideration for review and eventually publication of this report in BMC Surgery.

Looking forward to hearing from you soon.

With kindest regards,

Yours Sincerely

Minxin Shi

Point-to-point replies

Responses to Referee 1

According to your suggestion, some spelling mistakes and incorrect grammar was amended by a native English speaker with scientific expertise in the revised manuscript.

Responses to Referee 2

1. When you do a procedure based on clinical indication, like Endoscopic examination and whole-body examination in your study, there is higher probability of observing positive findings in comparison with non-symptomatic cases. This will induce surveillance bias. How authors approached to this issue in their design or in their analysis?

Answer: Thanks for your comment. As we stated in the section of follow-up, all cases were
followed up every 3 months for the first 2 years after operation, every 6 months for the following
3 years. The interval between follow ups was short (three months) especially during the first two
years. This may reduce surveillance (P5).

2. What about cases with loss to follow up? Were they different from others? How authors
approached to this issue which is effective on their results?

**Answer:** Thank you for your suggestion. During the period of follow-up, we tried our best to
contact with each case. Unfortunately, there were still 16 (3.9%) cases loss to follow up. And the
clicopathological feature for the cases with loss to follow up was similar to others. ( listed in table
S1, P15)

3. Considering variables with P-value less than 0.2 instead of 0.05 can be more useful for selecting
some variables for multivariable analysis in cox proportional Hazard regression analysis.
**Answer:** Following to your suggestion, the factors with the P-value less than 0.2 in the univariate
analysis were included in multivariable analysis. And we found the factor of grade was also
include in the multivariable analysis for overall survival (table 4, P14).