Author’s response to reviews

Title: The short- and long-term outcomes of radical antegrade modular pancreatosplenectomy for adenocarcinoma of the body and tail of the pancreas

Authors:

Masaaki Murakawa (m-murakawa@kcch.jp)
Toru Aoyama (aoyamat@kcch.jp)
Masahiro Asari (asari@kcch.jp)
Yusuke Katayama (ykatayama@kcch.jp)
Koichiro Yamaoku (k-yamaoku@kcch.jp)
Amane Kanazawa (amanex2009@gmail.com)
Akio Higuchi (a-higuchi@kcch.jp)
Manabu Shiozawa (shiozawam@kcch.jp)
Satoshi Kobayashi (kobayashis@kcch.jp)
Makoto Ueno (uenum@kcch.jp)
Manabu Morimoto (m-morimoto@kcch.jp)
Naoto Yamamoto (naoto_y@yokohama-cu.ac.jp)
Takaki Yoshikawa (yoshikawat@kcch.jp)
Yasushi Rino (rino@yokohama-cu.ac.jp)
Munetaka Masuda (mmasuda@yokohama-cu.ac.jp)
Soichiro Morinaga (morinagas@kcch.jp)

Version: 1 Date: 02 Oct 2015
Author’s response to reviews:

Editor-in-Chief
BMC surgery

Dear editor,

We are grateful to you for kindly reviewing our manuscript. According to your many instructive comments, we have carefully revised the manuscript. All corrections were marked by yellow and underline in the text. The followings are responses to each of your comments. Please consider this manuscript once again for publication in the BMC Surgery.

Thank you again for your kind consideration, and we are looking forward to your reply.

* In the revised manuscript, we deleted table 1 in the previous manuscript and renamed table 2 in the previous manuscript to table 1 in the present manuscript. Moreover, we added new table as table 2 in the present manuscript.

Respectfully yours,

Toru Aoyama (Corresponding author)
Department of Gastrointestinal Surgery, Kanagawa Cancer Center
2-3-2 Nakao, Asahi-Ku, Yokohama 241-8515, Japan
Tel:+81-45-520-2222
Fax:+81-45-520-2226
E-mail: aoyamat@kcch.jp

Reviewer #1:

The cohort is quite large with 49 patients and is one of the largest series. However, major revisions should be made:

Answers to the reviewers' comments

We are grateful to you for kindly reviewing our manuscript. According to your many instructive comments, we have carefully revised the manuscript. All corrections were marked by yellow and underline in the text. The followings are responses to each of your comments. Please consider this manuscript once again for publication in the BMC Surgery.

Comment1:

This is a descriptive study without comparison with standard pancreatosplenectomy. Hence, the most important data should be morbidity and histopathological analysis. The authors should present results on margins and lymph nodes involvement in the abstract. Even if no comparison in the authors' centre can be performed, the authors may add a table with review of
the literature with the main results (survival, R1, lymph nodes) of other published series of
RAMPS and standard pancreatosplenectomy

Answer to comment 1:

Thank you for your constructive comment. We totally agree to the reviewer’s opinion which would enhance the quality of this manuscript. We added the results on margins and lymph nodes involvement in the abstract section and result section (Page 2, Line 39 to Page 2, Line 41) & (Page 10, Line 178 to Page 10, Line 180). Moreover, we added the following table (This table is added in the revised manuscript as Table 2) and comments in the discussion section (Page 12, Line 217 to Page 12, Line 218) (Page 13, Line 226 to Page 13, Line 228).

Table

<table>
<thead>
<tr>
<th>Author (year)</th>
<th>Ref No.</th>
<th>Approach</th>
<th>Number of cases</th>
<th>Harvest lymph nodes</th>
<th>Negative surgical margin</th>
<th>Morbidity</th>
<th>Mortality</th>
<th>Median survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brennan (1996) 4</td>
<td>Standard</td>
<td>34</td>
<td>23%</td>
<td>0%</td>
<td>13</td>
<td>68%</td>
<td>12</td>
<td>14%</td>
</tr>
<tr>
<td>Mitchem (2012) 15</td>
<td>RAMPS</td>
<td>47</td>
<td>39%</td>
<td>0%</td>
<td>18.0</td>
<td>91.0%</td>
<td>26</td>
<td>36%</td>
</tr>
<tr>
<td>Chang (2012) 16</td>
<td>RAMPS</td>
<td>24</td>
<td>37.5%</td>
<td>0%</td>
<td>20.9</td>
<td>91.7%</td>
<td>18.2</td>
<td>NA</td>
</tr>
<tr>
<td>Latorre (2013) 20</td>
<td>RAMPS</td>
<td>8</td>
<td>25%</td>
<td>0%</td>
<td>20.7</td>
<td>87.5%</td>
<td>14</td>
<td>26%</td>
</tr>
<tr>
<td>Trottmann (2014) 19</td>
<td>RAMPS</td>
<td>6</td>
<td>50%</td>
<td>0%</td>
<td>11.2</td>
<td>100%</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Kitagawa (2014) 5</td>
<td>RAMPS</td>
<td>24</td>
<td>58%</td>
<td>0%</td>
<td>24</td>
<td>88%</td>
<td>NA</td>
<td>53%</td>
</tr>
<tr>
<td>Park (2014) 6</td>
<td>Standard</td>
<td>54</td>
<td>22.2%</td>
<td>0%</td>
<td>9</td>
<td>85.1%</td>
<td>NA</td>
<td>12.0%</td>
</tr>
<tr>
<td>Our study (2015) -</td>
<td>RAMPS</td>
<td>38</td>
<td>18.4%</td>
<td>0%</td>
<td>14</td>
<td>89.5%</td>
<td>NA</td>
<td>40.1%</td>
</tr>
</tbody>
</table>

Comment 2:

Could the authors add references to "complete resection with lymph node dissection is essential for cure" and "left to right pancreatosplenectomy is associated with a high rate of tangential margin positivity" in the introduction?

Answer to comment 2:

Thank you for the important comments. As pointed out by the reviewer, our description is incorrect. We carefully revised the description as follows; complete resection is essential for cure (Page 4, Line 62 to Page 4, Line 63). Moreover, we added references to "left to right
pancreatosplenectomy is associated with a high rate of tangential margin positivity” in the introduction (Page 4, Line 72) & (Page 16, Line 290 to Page 16, Line 296).

Comment3:

Some recent references about RAMPS are missing

Answer to comment 3:

Thank you for this important issue. We added some recent references about RAMPS (Page 16, Line 297 to Page 16, Line 304).

Comment4:

Table 1 is not useful as everything it contains is in the main text

Answer to comment 4:

Thank you for your constructive comment. We totally agree to the reviewer’s opinion. As pointed out, we deleted table 1 in the revised manuscript.

Comment5:

Regarding the survival cure, it should be interrupted at 9 patients at risk

Answer to comment 5:

Thank you for this important issue. As pointed out, the median follow-up of the present study was 41.1 months. Therefore, we revised the survival curve (Figure 1) limited to 1080 post-operative day. We also revised the survival data in the abstract section and result section (Page 2, Line 41 to Page 3, Line 43) & (Page10, Line 185 to Page 11, Line 186).

Comment6:

Regarding recurrences, I understand there have been 6 locoregional recurrences. The authors report 11 lymph nodes recurrences: where were these lymph nodes situated?

Answer to comment 6:

Thank you for this important issue. Among 11 lymph nodes recurrences patients, 8 patients recurred in para-aortic lymph node, 3 patients recurred in para-superior mesenteric artery lymph node. These were added in the results section (Page 11, Line 189 to Page 11, Line 191).
Reviewer #2

The authors report their experience with RAMPS in a retrospective study. Presentation of data and conclusions drawn are appropriate. Data on RAMPS is limited, so this report contributes to extend our knowledge on distal pancreatectomy.

Answers to the reviewer 2’s comments

We are grateful to you for kindly reviewing our manuscript.