Author’s response to reviews

Title: Variation in survival after surgery for peri-ampullary cancer in a regional cancer network

Authors:
Bassem Amr (dr_bassem277@yahoo.com)
Golnaz Shahtahmassebi (golnaz.shahtahmassebi@ntu.ac.uk)
Somaiah Aroori (s.aroori@nhs.net)
Matthew Bowles (matthewbowles@nhs.net)
Christopher Briggs (christopherbriggs@nhs.net)
David Stell (david.stell@nhs.net)

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Author’s response to reviews:

Dear Editor

Thank you for reviewing our submission and for forwarding helpful comments. We have made improvements to the paper, which are detailed below.

List of revisions

Editor Comments

1. Please also include the Trial registration data in "Trial registration:" statement at the end of the abstract.

Response: This has been included.

2. Please add a statement that all authors read and approved the final manuscript in Authors contribution section.

Response: This has been added.

3. Each figure should be uploaded individually as a figure file and should not be included in the main manuscript file. Figure legend should not be included in figures and should be listed in a "Figure legend" section following the Reference section.

Response: This has been addressed.
Reviewer reports

Thank you for your comprehensive reply, which answers the majority of my points.

There are just some points, which require further clarification.

1. I note in your reply that the number of completed resections was around 15%. This comparable with international series and should be mentioned in the discussion as indicating that there was no evidence that patients were undertreated.

Response: In this study we are interested in comparisons between hospitals and patient travel distances. We believe that this issue, though true, is not sufficiently relevant to justify space in the paper.

2. Point 7 and 12 the authors have asked for potential papers. I have included some recent Australian work which can also be cross referenced to other jurisdictions.


Clinically significant under-utilisation of pancreatectomy in geographic regions in New South Wales, with low institutional surgical volumes: a population data linkage study Medical Journal of Australia. 2017 Jan 16;206(1):23-29 PMID: 2807673


Elizabeth Burmeister, Mary Waterhouse, PhD; Susan J Jordan, PhD; Dianne L O'Connell, PhD; Neil D Merrett, FRACS; David Goldstein, FRACP; David Wyld, FRACP; Vanessa L Beesley, PhD; Helen Gooden, PhD; Monika Janda, PhD; Rachel E Neale, PhD. Determinants of survival and attempted resection in patients with non-metastatic pancreatic cancer: an Australian population-based study. Pancreatology. 2016 16(5)873-81. doi: 10.1016/j.pan.2016.06.010.PMID: 27374480

Mary A Waterhouse PhD1, Elizabeth A Burmeister MSc1,2, Dianne L O'Connell PhD3,4,5, Emma L Ballard PhD1, Susan J Jordan PhD1, Neil D Merrett FRACS6, David Goldstein FRACP7,8, David Wyld FRACP2,9, Monika Janda PhD10, Vanessa L Beesley PhD1, Madeleine E Payne BSc1, Helen M Gooden PhD5, Rachel E Neale, PhD. Determinants of outcomes following resection for pancreatic cancer - an Australian population-based study. Journal Gastrointest Surg 2016 10(8):1471-81 doi:10.1007/s11605-016-3157-4(IF:2.8)PMID 27184672.

Response: Thank you for these references, which provide important background.

3. From the paper, it appears that Multiphase CT with IV and oral contrast was the only staging modality used preop. Were any other staging investigations such as EUS or MRI used in this?
Response: EUS and MRI were used rarely in this study, which included mainly symptomatic pancreatic head tumours. Operative assessment was undertaken by CT scan in all cases. This has not been addressed in the paper as it seems very unlikely that bias would be introduced by this issue.

4. Point 11. The authors paper is entitled Variations in survival after surgery. By not including the data on adjuvant therapy, this means that we are only looking at one modality in the treatment of a condition, which requires multimodality therapy. Access to this multimodality therapy is important when looking at the effectiveness of concentration of services and the authors should make at least some comment regarding this.

Response: The paper contains a comment that adjuvant chemotherapy is provided in referring hospitals. We do not have complete data relating to the use of this treatment modality, and are not able to make any relevant comment. Although use of this modality will affect patient survival, this is only one of the outcomes under study. Time to treatment, resection rates and pathology outcomes will not be affected. Also the study aim is to assess the influence of travel distance to the regional centre on outcome. As patients do not make this journey for adjuvant therapy, including this issue would not fit comfortably within the paper.