Author's response to reviews

Title: Cost analysis and effectiveness of one-stage laparoscopic versus two-stage endolaparoscopic management of cholecystocholedocholithiasis: a retrospective cohort study

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Author’s response to reviews:

Dear reviewers,

following corrections have been made to the manuscript with yellow highlighting:

Title and abstract: The title has been corrected as CHEERS guidelines; Cost analysis and effectiveness of one-stage laparoscopic versus two-stage endolaparoscopic management of cholecystocholedocholithiasis: a retrospective cohort study

Introduction: The study population and healthcare setting are discussed in the methods section. The hypothesis is brought out clearly, also emphasizing the economical point of view.

Methods: The study population and healthcare setting are inserted in the methods section with more specific data. The study hospital is the only hospital offering advanced endoscopic and laparoscopic service in the catchment area. The hospital is a public hospital.

Patients from both study groups were evenly treated during the observation period.

Patients from both study groups were evenly distributed during the observation period. The data sources for patient records were manual until 2005, since then electronic database was available. The data from endoscopic procedures was collected retrospectively from manual records 1999-2005 and electronic records 2005-2014.

Hospital costs have been set as main measures of outcome.
Table 1: Corrections concerning the prices of attending surgeon, resident and anesthesiologist have been added. Clarification to costs have been made. Personnel and overhead costs of surgical ward (602 €/day) and in the intensive care unit (1973 €) are included in the total amount. The prices are calculated at a full occupancy. The prices are based on information from the financial administration of hospital.

Table 3: Mean differences (95% CI) in in-hospital costs of one-stage and two-stage groups has also been subdivided into transcystic and transductal approach. Cost comparison has been made between 3 groups.

Table 4: One-stage group has been divided into 2 subgroups: transcystic and choledochotomy group for clearance.

Results: Because of subgroup analysis, the results and the conclusions are now more clearly presented with conclusion of transcystic approach being the best economical solution in this elective context.

Discussion: limitations and possible biases with small sample sizes have been added in the text.

Conclusions: the conclusion is now clearly presented.

We hope that the corrections made in the manuscript will achieve your acceptance.

On behalf of writing team

Anne Mattila, M.D.