Author’s response to reviews

Title: Assessement of postoperative long-term survival quality and complications associated with radical antegrade modular pancreatosplenectomy and distal pancreatectomy: a Meta-meta-analysis and systematic review

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Author’s response to reviews:

Dear Ulrich Friedrich Wellner, PD Dr. med:

I am very grateful to your comments for the manuscript. According with your advice, we amended the relevant part in manuscript. Changes to the manuscript have been displayed in the text, either by highlighting or using the track change. Some of your questions were answered below.

Responses to Reviewers

To Mikhail Tavobilov (Reviewer 1):

1. There was the same tumor stage and histological types in all studies or not?

In the MARCO LATORRE and PAUL TROTTM ‘s studies, tumor staging and postoperative histological types were not carefully reported.
In Hyo Jun Park’s study, Most tumors were proven pathologically to be stage T3 (89.1%, 82 of 92), six (6.5%) were T4, and three (3.2%) were T2. According to the AJCC 7th Edition classification system, 3 patients (5%) were stage Ib, 40 (43.5%) were stage IIa, 42 (45.7%) were stage IIb, 6 (6.5%) were stage III, and one (1%) was stage IV.

In Eun Young Kim’s study, Most tumors were proven pathologically to be stage T3 (88.4%, 38 of 43), five (11.6%) were T2. According to 7th AJCC/UICC TNM classification 3 patients (7%) were stage Ib, 20 (46.5%) were stage IIa, 20 (46.5%) were stage IIb. The distribution of tumor differentiation, the T stage and nodal status of cancer had no significant difference between the 2 groups (P > 0.999, P = 0.071, and P = 0.349, respectively).

In Toshiya Abe’s study, There were no significant differences in T stage, nodal status, UICC stage, and histologic grade between the RAMPS and SRPS groups. Most tumors were proven pathologically to be stage T3 (76.3%, 71 of 93), one (1%) were T4, and nine (9.6%) were T2. According to the UICC 7th Edition classification system, 10 patients (10.7%) were stage Ia, 7 patients (7.5%) were stage Ib, 19 (20.4%) were stage IIa, 55 (59.1%) were stage IIb, and one (1%) was stage III.

2. There was only "open" procedures or lap and robotic?

In MARCO LATORRE and Toshiya Abe’s study, no definitive method of surgery procedures has been reported.

In the Hyo Jun Park’s study, the surgical approach was laparoscopic.

In Eun Young Kim’s study, the surgical method was open surgery.

In the literature of PAUL TROTTM’s, half of the patients were conventional open surgery and half were laparoscopic surgery.

To Felix Rückert (Reviewer 3):

1. This article needs professional language editing. Please add page numbers, it facilitates the review.

We have edited the article for language. Also added page Numbers for easy auditing.

2. The included study language is limited to English.
When searching Chinese database, there are few research reports and the quality is poor. Therefore, this research is limited to the English literature.

3. "We chose to use the nine-star Newcastle Ottawa scale (NOS) to assess the methodological quality of case-control": You only included studies with strict inclusion and exclusion criteria. Retrospective studies (case-control) cannot fulfill this criteria. This is contradictory.

The Newcastle-Ottawa Scale, which has been used in NRSMG workshops to illustrate issues in data extraction from primary NRS, contains only eight items and is simpler to apply (Wells 2008). However, the items may still need to be customized to the review question of interest. ------From cochrane handbook 5.1

The Newcastle-Ottawa Scale (NOS) was used to assess the quality of the cohort studies and the case-control studies.


Supplemental NOS for Cohort Studies

Representativeness of the exposed cohort Selection of the non-exposed cohort Ascertainment of exposure Demonstration that outcome of interest was not present at start of study Comparability of cohorts on the basis of the design or analysisb Assessment of outcome Was follow-up long enough for outcome to occur Adequacy of follow-up of cohortsTotal quality scores

MARCO LATORRE
(2013) * - * * - * * * 7

Hyo Jun Park
(2014) * * * * ** * * * 9

PAUL TROTTMA
(2014) * - * * * * * - 6
Toshiya Abe
(2016) * * * * ** * - * 8

Eun Young Kim
(2017) * * - * ** * * * 7

a A study can be awarded a maximum of one star for each numbered item except for the item Control for important factor or additional factor.

b A maximum of two stars can be awarded for Control for important factor or additional factor.

4. Point 3.1: Search terms were "Radical antegrade modular pancreatosplenectomy " and/ or (?) "Distal/left Pancreatectomy". Searching pubmed with both item (and) gives 17 hits. Searching with "Distal/left Pancreatectomy " gives 456 hits. How was the number of 56 studies achieved?

MEDLINE is the premier biomedical bibliographic database, produced by the National Library of Medicine (NLM). NLM indexes over 4600 worldwide life science journals. MEDLINE includes over 12 million references from 1966 to the present. Indexers assign Medical Subject Headings (MeSHs), NLM’s controlled thesaurus of descriptors. Most of the references starting in 1975 also contain an abstract. MEDLINE was searched using the PubMed search interface.


#2 " radical antegrade modular pancreatosplenectomy "[MeSH]

#3 " Distal "OR " Left "OR " Far "OR" Pancreatectomy "

#4 #1 AND(#2 OR #3)

Special thanks to you for your good comments.

Sincerely yours,
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