Author’s response to reviews

Title: Survival After Lobectomy Versus Sub-Lobar Resection in Elderly with Stage I NSCLC: A Meta-analysis

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Author’s response to reviews:

Dear editor and reviewers:

Thank you for your letter and for the editors’ and reviewer’s comments concerning our manuscript entitled “Survival After Lobectomy Versus Sub-Lobar Resection in Elderly with Stage I NSCLC: A Meta-analysis” (ID: BSUR-D-18-00063R2). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our research. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the paper and the responds to the editors’ and reviewer’s comments are as flowing.

Reviewer #1: A meta-analysis on a very trendy topic. However the paper is still in lack of some serious questions to be answered.

1. The number of the segmentectomy and wedge resections and survival data of these patients compared with each other and also with lobectomy should be included.

A: Thanks for your valuable suggestion. We add the number of the segmentectomy and wedge resections and the survival rate of lobectomy and sub-lobar resection in the table 1. However, there is no survival rate of segmentectomy compared with wedge resections available in our included articles. But this is a very good research direction, we can conduct this research in the future. Thanks you.
2. "This phenomenon may be attributed to the following reasons: First, elderly with NSCLC are often afflicted with comorbidity, so perioperative management is more complex. The main reasons for equivalent oncological outcomes in elderly undergoing sub-lobar resection compared to those undergoing standard lobectomy are reduced postoperative complication, less surgical stress and better preservation of the pulmonary function. Second, the elderly are often associated with other age-related diseases and have a short life expectancy. As a result, they died of other diseases rather than lung cancer. Last, due to the particularity of the elderly, the tumor may be less invasive than the younger's." Appropriate references must be added to each information given in the paragraph.

A: You mentioned a very good question. Every appropriate references had already added to each information given in the paragraph according to your suggestion. Thanks for your reminding and this can enhance the persuasiveness of our article.

3. "258 However, no randomized controlled trials existing in this field to comparing lobectomy with sub-lobar resection have been conducted." There is one and that is reference 15 in the article.

A: Thanks for your correction. As you mentioned, there is one randomized controlled trial existing in this field to comparing lobectomy with sub-lobar resection for all ages patients. What we want to express is there is no guideline for doctor to conduct for old patients in this field. And according to your comment we add the elderly(>70 years) in the article to eliminate the ambiguity.

4. The survivals of age groups of 70-74, 75-79 and 80 and over should be given if present in the studies mentioned in the article.

A: Thanks for your very valuable suggestion. Regrettably, there are no subgroup of 70-74, 75-79 and 80 and over in these researches, and by your first-rate inspiration we can conduct such a research to compare these subgroups in the future. I think the result would be very interesting and valuable to guide our clinical work.

Reviewer #2: Study question:
I read the article with interest. The goal of the study has been clearly stated. The main objective of presented meta-analysis was to evaluate 1-3- and 5-year survival in patients after 70 years of age with stage I non-small cell lung cancer who received lobectomy or sub-lobar resection (segmentectomy or wedge resection). The study question is clinically relevant and not have been convincingly demonstrated in clinical trials.

Comment 1:
Please add more recent publications at the background and discussion.

A: Thanks for your valuable suggestion. We add several publications in the background and discussion section which published in the year of 2018. We think your suggestion will increase the novelty and persuasion of our article.

Literature search:
The authors conducted a comprehensive literature search, the most important databases of online resources were used. Number of included and excluded studies have been provided as well as reasons for exclusion.
A: Thank you.

Comment 2:
The literature search process should be described in more detail. The authors have not reported how many researchers were involved in the literature search. How many abstracts and full texts have been reviewed by how many authors? Did you review the titles/abstracts/full texts independently?

A: Thanks for your suggestion. Two authors (Shuang and Xinwen) undertaken the literature search independently. And three authors (Shize, Shuang and Xinwen) reviewed the 453 abstracts and 97 full texts independently. And according to your suggestion we added suggested content in the search strategy section. This correction will enhance the readability of our research.

Comment 3:
Did you attempt to collect any unpublished data?

A: Yes, we try to collect the unpublished data, such as meeting abstracts, but there is no study eligible for our study.

Comment 4:
You should describe the quality assessment of the selected studies in more detail.

A: Thanks for your valuable suggestion. We describe the process of assessment in more detail in the ‘Data extraction and quality assessment’ section.

Evaluation of results:
Comment 4:
Did you use structured abstraction form?

A: Yes, we use the PRISMA 2009 checklist. And we upload the PRISMA 2009 checklist as the supplementary material in the submission system.

Comment 5:
There is insufficient information about selected studies (lack of patient's demographics, inclusion and exclusion criteria for each study, 1-, 3- and 5-year survival of each study).

A: Thanks for your valuable suggestion. We add the patient’s demographics and survival in the table 1. In the methods section, we add the exclusion criteria which guide us to exclude unsuitable articles.

Comment 6:
You should more precisely describe the process of exclusion of the studies.

A: Thanks for your suggestion. In the methods section, we add the exclusion criteria which guide us to exclude unsuitable researches.
Comment 7:
You wrote that you have performed a sensitivity analysis (in the title statistical and sensitivity analyses). Can you describe in more detail the sensitivity analysis?

A: Thank you for your correction. At the beginning of our research, we planned to conduct a sensitivity analysis, but in the process of research, we found there were not enough data for us to do sensitivity analysis. We had already corrected this error. Thank you again.

Comment 8:
I have also concerns about the assessment of the publication bias. The funnel plot was presented with annotation that it showed asymmetry and it might suggest the publication bias. I think that you should comment that in the discussion.

A: Thanks for your suggestion. According to your suggestion, we add some comment in the discussion section regarding the publication bias.

Summary:
The objective of the presented meta-analysis is clinically relevant and was well described. Although the assessment of only 1-, 3- and 5-year survivals does not exhaust this topic. What about post-operative complications or recurrence rate? Please comment.

A: Thanks for your valuable question. We try to compare the recurrence rate and post-operative complications of the two approaches which might strengthen the convincing power of our conclusions and enriching our research content, but there are not enough data for us to compare the two groups. And according to your valuable suggestion, we stress this point in the discussion. We can conduct the research related to these two points in the future.

Minor comments:
1. I suggest that the article be reviewed by an English native speaker.

A: We search help for an English native speaker to review our article.

2. In the table 1 the studies do not refer to the appropriate references.

A: Thanks for your remind, we had already corrected the errors.