Author’s response to reviews

Title: Early Outcome of Frey’s Procedure for Chronic Pancreatitis: Nepalese Tertiary Center Experience

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Re-Review: BSUR-D-19-00364_R1

I appreciate the opportunity to review the revision of this article. The comments were largely addressed. I would still suggest changing a couple of issues:

Thanks for your encouraging feedback. I have revised the manuscript accordingly, and I will always be happy to get feedback from you in near future. Thank you so much.

Background: paragraph on "Surgery is usually...". The logic why at TUTH surgery was performed when/for which patients should be added to the methods section, not background.

Yes the choice and time frame of treatment was shifted to method section.
Background: given that it is mainly a descriptive study of outcomes in Nepal, as also mentioned by reviewer 1, I think that the health care system in Nepal should be described with a couple of sentences in this section. E.g. it is crucial to understand that patients from rural areas won't come for repeat endoscopy and therefore surgery was chosen at first hand. Also mention this at the beginning of the discussion section. It is well known that Frey procedure can be very helpful - what is new in your study is that this is also true in Nepal and therefore can be adopted to many other countries as well. Nepal has a great geographical diversity and health system in outside of capital (Kathmandu) is yet to develop properly. It is crucial to understand that patients from rural areas won't come for repeat endoscopy and therefore surgery was chosen at first hand.

Owing to the geographical difficulties, and financial constrain, providing one time treatment which is long lasting along with acceptable perioperative morbidities, surgery is definitely the cornerstone of management of CP in counties like Nepal. It is well known that Frey procedure can be very helpful in patients with CP where the benefit of one time treatment outweighs the perioperative complications along with the uncertainty regarding multiple need of endoscopic therapy along with financial burden. So Frey’s procedure can be considered a choice of treatment of CP in countries like Nepal.

Methods: please change to Partington-Rochelle procedure (n=4), Beger… (n=1),…
Yes that looks better, I have changed accordingly.

Results: also change alcoholic (n=6, 23.1%)… / also please don't add 2 numbers behind the , for numbers - e.g. 53.9 instead of 53.85%... be consistent throughout (also in tables - e.g. table 2).
Yes these have been revised accordingly.

Table 1: if you split into tropical and non-tropical, you should be adding a p-value to the comparisons, even more since you are referencing in the text that e.g. duration of symptoms was shorter in tropical than non-tropical. Is this statistically significant? Please also add to table 1 the total number of patients per group.

Yes, I have analyzed the groups and calculate p-value. There was significant difference in the proportion of female in tropical CP as compared to male in non-tropical CP.
Table has been reformulated as per the feedback.
Though, the median duration of symptoms was shorter in tropical group as compared to non-tropical group, it was not statistically significant difference.

Table 5 - what is the meaning of the number in parenthesis - I guess number of patients but this has to be mentioned. No need to have descriptions of the tables in the text - please delete.
Yes number of patients and their percentage.
Thanks for suggestion, I have revised accordingly.

Table 3: please describe what the continuous variables mean - I guess it is mean±/- SD and in range in parenthesis - please state this in all tables as explanation to the reader

Categorical data expressed in number (%), & continuous data in mean ± SD or median (range). I have added in all tables depending on the data in table.