Author’s response to reviews

Title: Clinical significance of the preoperative main pancreatic duct dilation and neutrophil-to-lymphocyte ratio in pancreatic neuroendocrine tumors (PNETs) of the head after curative resection

Authors:

Bo Zhou (zjubozhou@zju.edu.cn)
Canyang Zhan (zhancanyang@163.com)
Jie Xiang (zjuxiangjie@126.com)
Yuan Ding (6310005@zju.edu.cn)
Sheng Yan (shengyan1005@126.com)

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Author’s response to reviews:

Dear Editor and Reviewers:

Thank you very much for your letter and the comments from the reviewers about our paper. We have learned much from them. We have checked the manuscript and revised it according to the comments. The revised sections have been marked in yellow in the manuscript. We submit here the revised manuscript.

If you have any questions about this paper, please do not hesitate to let me know.

Sincerely yours,

Bo Zhou

Technical Comments:

Editor Comments:

The manuscript contain data which may be of interest to BMC Endocrine Disorders readers. The methodology appears adequate and the conclusions are well-balanced considering the limitations of this small retrospective study. Nevertheless, I agree with the authors that the score, if further validated in future larger, multicenter and prospective studies, might be of value for clinical
practice. Reviewer #1 has highlighted some relevant concerns the authors are strongly invited to address. Furthermore, when revising the manuscript please make clear to the readers that your conclusions are preliminary due to the several limitations. Also note that an extensive correction of English language is required.

Response: Thank you for your suggestions. The revised manuscript has been edited for English language by American Journal Experts. Furthermore, we have revised the conclusion section of the abstract to include the following:

“Despite the retrospective nature and small sample size of the present study, the results suggest that preoperative PD-NLR score can serve as an independent prognostic marker of early survival in patients with PNETs of the head undergoing curative resection. Further large prospective studies are necessary to validate our findings”.

Reviewer reports:

Rohana Ghani (Reviewer 1): Generally the manuscript requires an extensive grammar check.

Response: Thank you for your advice. The revised manuscript has been edited for English language by American Journal Experts.

Abstract-

Although the authors appropriately stated this ..."Further large prospective studies will be necessary to validate our findings"... the previous sentence is misleading. perhaps the PD-NLR has a role as an independent prognostic marker in early survival of the disease ie within the first 5 years after surgery.

Response: Thank you for your suggestion. We have revised the conclusion section of the abstract to include the following:

“Despite the retrospective nature and small sample size of the present study, the results suggest that preoperative PD-NLR score can serve as an independent prognostic marker of early survival in patients with PNETs of the head undergoing curative resection. Further large prospective studies are necessary to validate our findings”.

Methods

Line 118 - "The main pancreatic duct was assessed retrospectively..." - this sentence is unclear was it meant to say that the "retrospective data on the measurement of the main pancreatic duct via MR cholangiopancreatography was obtained."

Response: Thank you for your suggestion. We have revised the sentence as follows:
“The retrospective measurement data on the main pancreatic duct were obtained through magnetic resonance cholangiopancreatography (MRCP) or enhanced CT by at least two experienced radiologists”.

Line 121- The criteria of dilatation of the main pancreatic duct is stated as 3mm- please provide reference to this cut-off point.

Response: Thank you for your suggestion. We have added references regarding the criteria of dilatation of the main pancreatic duct, which are listed below.


Line 126 - NLR values were categorized into 2 group, &lt;3.13 and &gt;3.13- please provide reference to this cut-off point.

Response: Thank you for your suggestion. We have added content regarding the optimal cut-off point of NLR as follows:

“Receiver operating characteristic (ROC) curve analysis showed that the area under the curve (AUC) of NLR was 0.776 and that the optimal cut-off value was 3.13. These values indicated that NLR showed high sensitivity and high specificity in predicting overall survival”.

Results

The number of deaths among the study cohort was not stated.

Although the authors acknowledge the small sample size as a significant limitation, the effect on the statistical analysis of disease outcomes including OS and DFS cannot be determined without further information of the actual number of event.

I recommend an additional statistical review particularly for Table 2.

Response: Thank you for your suggestion. We have added the number of deaths and recurrences; the added text is as follows:

“At the time of the last follow-up visit, 20 patients had relapsed, and 15 patients had died”.
Discussion

The other limitation is the relatively short study duration of 46 months whilst the authors have already explained that PNETs generally have an indolent course of disease.

Response: Thank you for your suggestion. We have described this limitation in the discussion section as follows:

“Another limitation was the short study duration of 46 months, as PNETs generally have an indolent disease course”.

Punit Sharma, MD, FEBNM, FANMB (Reviewer 2): In this study the authors evaluate the prognostic role of main pancreatic duct dilation (PD) and neutrophil to lymphocyte (NLR) ratio in pancreatic NET. They conclude that preoperative PD and NLR both were strong predictor of OS and DFS after curative surgery, with higher scores having poorer prognosis. These scores performed even superior to WHO classification. It is well written and statistically well analysed. It will be suitable for the target readership of the journal.

Response: We would like to express our most sincere gratitude to the reviewers for their efforts and patience in reviewing our manuscript.