Author’s response to reviews

Title: Influence of adjuvant antibiotics on fistula formation following incision and drainage of anorectal abscesses: A systematic review protocol

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Author’s response to reviews:

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David Moher, Paul Shekelle & Lesley Stewart
Editors-in-Chief, Systematic Reviews

Re: SYSR-D-18-00330 “Influence of adjuvant antibiotics on fistula formation following incision and drainage of anorectal abscesses: A systematic review protocol”

Dear Editors-in-Chief,

Thank you for considering our systematic review protocol for publication in Systematic Reviews. We appreciate the opportunity to revise our submission, and to respond to the reviewers’ comments.

Please see below for an itemized response to the reviewers:

Reviewer #1: Thank you for your comments.
1. Modified to “over 30%,” the statistic is in reference to all patients that undergo incision and drainage of perianal abscesses. (Line 58)
1. Amendments to key words made as recommended by both reviewers to include the following
MeSH terms: fistula, Abscess, Anti-Bacterial Agents, Anal Canal, Rectum (Line 85)

2. Grammatical error corrected
3. A query for more recent references preformed—this was the most recent reference. Additionally, approach to management has not changed significantly over the past 20 years, therefore incidence reported believed to be relevant.
4. Thank you for this suggestion, a sentence has been added. (Line 122-124)
5. Evaluation of the quality of evidence has been added as an objective (Line 153-154)
6. We plan on including any reported outcomes, regardless of the time point. This has been clarified in the manuscript.
7. Only a direct meta-analysis will be preformed, this was clarified in the methods section. (Line 199-200)
8. Thank you for this suggestion, a paragraph on “potential challenges” addressing our plan for addressing potential biases has been added. (Line 332-338)

Reviewer #2: Thank you for your comments.
2. Thank you for the suggestion. We have incorporated the application of ROBINS-I into our protocol for assessment of non-randomized studies. (Line 73)
3. Thank you for the advice, have modified the “key words” to include the following MeSH terms: fistula, Abscess, Anti-Bacterial Agents, Anal Canal, Rectum (Line 85)
4. Thank you for this suggestion. We consulted with our medical librarian and she did a brief search of systematic reviews and did not identify any reviews which referenced LILACS as a database that was queried. She advised we not use region specific databases for this clinical question. We have therefore elected to not include it in our search strategy. If the reviewer feels strongly that this or other region specific databases are included we are happy to reconsider.

Our medical librarian also queried OpenGrey with the term abscess* and got 63 results, with most being theses. When anorectal / rectal were added there were zero results. For completeness sake, we have added searching OpenGrey to our search strategy. (Line 239-240)
5. Thank you for this suggestion. The manuscript has been modified to list adverse events and patient reported quality of life as secondary outcomes of interest. Additionally, the data extraction section has been amended to include quality of life outcomes as a measure to be extracted. (Line 204-205)
6. Studies including patients with Crohn’s disease will be excluded from the analysis as these patients are routinely treated with antibiotics (Line 177)
7. Thank you for this comment. We agree that patients with Crohn’s represent a distinct cohort of patients, and therefore have elected to exclude studies including patients known to have Crohn’s from this study. (Line 177)
8. ROBINS-I has been added to the abstract (Line 73)
9. We are in agreement that meta-analysis should be restrict to randomized and quasi-randomized trials—this amendment has been made to the protocol. (Line 283)
10. Thank you for this suggestion, we have included antibiotic type as a subgroup analysis. (Line 304)

Thank you for your consideration and interest in our manuscript.

Sincerely,

Laura Baker, MD