

## ANSWERING REVIEWERS



August 23, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 4673-review.doc).

**Title:** Is Dor fundoplication optimum after laparoscopic Heller myotomy for achalasia? A meta-analysis  
(Former title: Is Dor fundoplication the optimum procedure after laparoscopic heller myotomy for achalasia? A meta-analysis)

**Author:** Ming-Tian Wei, Ya-Zhou He, Xiang-Bing Deng, Yuan-Chuan Zhang, Ting-Han Yang, Cheng-Wu Jin, Bing Hu, Zi-Qiang Wang

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 4673

The manuscript has been improved according to the suggestions of reviewers and main revisions were highlighted:

**1 Format has been updated as following:**

Title was shortened to less than 12 words

Abstract Methods lengthened to no less than 80 words

Core Tip and Comments was included in the manuscript

Figure 1 was revised as a “decomposable” Microsoft Office Graphic Object

**2 Revision has been made according to the suggestions of the reviewer:**

**Reviewer 1 comments**

Specific comments Page 6, 3rd paragraph repetition of “random sequence generation” Page 8, 2nd paragraph “ration” should be corrected stated as “ratio”.

**Response:**

According to the suggestion, we changed all the above mentioned points in the manuscript.

**Reviewer 2 comments**

A further problem, well observed in GERD management, is that the correlation between objective acid reflux evaluated by pH-metry and the clinical symptoms of reflux is not constant. Often, quality of life is a better tool to evaluate the successful clinical outcome. This issue should be discussed in the manuscript. The final statement is that large-scale random controlled trials should focus on the outcome of complex fundoplication such as Toupet and Nissen fundoplication, forgetting that already prospective controlled trials with a high number of patients have been performed.

**Response:**

Thank you for your very helpful comments and modification has been made in the manuscript. Firstly, in the meta-analysis of pathological acid reflux (pH-metry) and clinical regurgitation (clinical symptoms of reflux), the pooled three studies respectively showed constant outcome which may account for the final pooled outcome. Secondly, we agree with the comment that quality of life is a good tool to evaluate clinical outcome for achalasia. However, based on our literature searching, there is little literature comparing quality of life between Dor-other or none fundoplication. In our meta-analysis, only two studies reported quality of life using SF-36 questionnaire which could not be

pooled to evaluate the clinical outcome. Thirdly, we revised the statement that large-scale random controlled trials should focus on the outcome of complex fundoplication such as Toupet and Nissen fundoplication.

#### **Reviewer 3 comments**

Some of the references are not in Vancouver style and need modification.

#### **Response:**

As your suggestion, we have checked and modified the references in Vancouver style. To be noticed, some journals are not indexed in Medline and therefore no PMID number is available.

#### **Reviewer 4 comments**

The authors should discuss on the previous treatments of patients with achalasia before the surgery which could influence the outcome after surgery. It is still debated if pneumatic dilation(s) could influence the outcome of patients after surgery. Also in the manuscript medical therapy could be better than medicine therapy and PH must be pH.

#### **Response:**

We agree with your comment that preoperative treatments especially pneumatic dilation(s) may influence the outcome after surgery. However, we failed to pool the outcome in our present meta-analysis. Because only two studies (reference 13 and 18) reported available data on preoperative pneumatic dilation, and comparison of baseline data showed no difference between groups. In addition, “medicine therapy” was replaced by “medical therapy” and “PH” was modified by “pH”.

#### **3 References and typesetting were corrected**

The manuscript has been revised by two native English speakers and we believe that the language of the manuscript may reach the standard. Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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