

Format for ANSWERING REVIEWERS

May 6, 2015

Dear Editor,



Title: Experience of 9 cases of Laparoscopic Frey Procedure for Chronic Pancreatitis and Discussion of Selective Criteria

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 16918

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

(1) The title has been changed as "Single Experience about Selecting Laparoscopic Frey Procedure for Chronic Pancreatitis"

(2) The running title has been changed as "Laparoscopic Frey procedure for chronic pancreatitis".

(3) The "Abstract" has been modified according to "format for retrospective study".

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

(1) According to the suggestions of No.03257955, changes have been made as follows:

a. Language is revised;

b. The multiple regression to identify risk factors associated with blood loss in open surgery are elaborated in the methods section and results section. These factors included age, gender, etiology, imaging findings, level of amylase, complications due to pancreatitis, functional insufficiency, and history of CP.

c. The study design is specified in abstract as well as conclusion.

d. The increased mortality rate of CP is added.

e. The description of the laparoscopic surgical procedure is improved especially about how to check enough depth of excavation.

f. The part of discussion is shortened.

g. The "pacemaker hypothesis" was deleted.

h. The relationship between medical and surgical therapies is clarified.

I: The advice of deletion of "open cases" is not adopted. This study is about surgical technique, and experience of selecting candidates. The extensive bleeding under laparoscope is a major reason for conversion in our experience. The multiple regression of "open cases" is set for identify the risk factors of extensive bleeding in CP cases. It is very important for discussion of selecting candidates for laparoscope.

(2) According to the suggestions of No.00504581, changes have been made as follows:

a. The title is modified.

b. The aim of this study is elaborated in method.

c. The VAS of laparoscopic cases at discharge is deleted, because the result may be affected by the discomfort of surgery.

d. We chose the width of pancreatic duct over 8mm was one of our criterions for laparoscopic candidates because finding the pancreatic duct is an important procedure for

laparoscopic case. One of our patients was converted because we couldn't find the pancreatic duct which was 5mm in preoperative CT. In our experience, the pancreatic duct over 8mm could be easily found under laparoscope.

e. The language is revised.

f. The advice of design of case control study for this study is not adopted. It is for two reasons. Firstly we only had experience of 7 successful laparoscopic cases. The small number is not suitable for comparison with open cases. Secondly the appropriate cases for laparoscope take small portion of total CP patients. So the purpose of this study still retains discussion of surgical technique and candidates' selection. The advice of design of case control study would be our next work.

3 References and typesetting were corrected

Sincerely yours,
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