

September 18, 2015  
Yuan Qi  
Editor  
World Journal of Gastrointestinal Surgery

*RE: Manuscript # 20849; "The Role of Frailty and Sarcopenia in Predicting Outcomes"*

Dear Dr. Qi,

Thank you for reviewing our manuscript titled *"The Role of Frailty and Sarcopenia in Predicting Outcomes."*

We are pleased that our manuscript was favorably reviewed.

We thank the reviewers for their valuable feedback and their encouraging comments. As requested, we have provided a point-by-point response to the comments below with relevant changes to the manuscript.

**Reviewer # 1:**

*"This is a well written review article that considers an important topic. The article is however too long to be easily readable & digestible and I think would benefit enormously from significant 'pruning'. At the current length it is almost a book chapter/thesis chapter rather than a journal article."*

We thank the reviewer for their comments and favorable review. To ensure that the review was as comprehensive an assessment of current literature, we included all studies assessing all measures of frailty and sarcopenia among a cohort of patients undergoing gastrointestinal surgery. As per the reviewer's suggestions, the body of manuscript has been significantly shortened.

*"In addition it is a little difficult to read and again would benefit from further sub-division by clear headings and some additional figures such as a CT with psoas cross-section or similar."*

We thank the reviewer for their comments. In addition to shortening the manuscript, sub-headings / sub-divisions have been specified in the manuscript. Specifically, the manuscript has been divided by surgery type; colorectal, gastro-esophageal and hepato-pancreatico-biliary surgery. Additionally, each category has been further classified into sub-divisions each independently assessing the effect of frailty and sarcopenia.

As per the reviewer's suggestions, figures such as psoas cross-sectional area and volume have also been adapted with permission from relevant authors (Amini et al. JOGS 2015) as figures 3a and 3b.

*"The table that reviews all the relevant articles is also unwieldy and the authors might consider removing several of the columns that add little to the readers interpretation."*

We thank the reviewer for their valuable comments and feedback. Respectfully, however we disagree with the comments that the columns add little value to the reader. Given the heterogeneity in outcomes assessed in addition to vast variability in the definition of frailty / parameters used, it is necessary that the reader be presented with this valuable information to be infer and interpret the review.

**Reviewer # 2:**

*“Since this is a systematic review, the methods section should include an statement indicating that the review has been performed following the PRISMA checklist (as it should be).”*

We thank the reviewer for their comments and suggestions. As suggested, we have specified that we used the PRISMA checklist to select for and assess the studies included within our review. This has been reiterated on page 6 under the “systematic literature review” section as well as figure 1 highlighting the inclusion of studies as specified under the PRISMA methodology. The section reads as follows:

*“...In addition, references of relevant articles were also reviewed to identify potentially eligible studies. As per the methodology specified under the PRISMA guidelines, only studies published in English....”*

*“I recommend to include a recent manuscript published online by Huang D et al in Colorectal Disease journal. Huang DD et al. Sarcopenia, as defined by low muscle mass, strength and physical performance, predicts complications after colorectal cancer surgery. Colorectal Dis. 2015 Jul 20. doi: 10.1111/codi.13067. [Epub ahead of print] The authors assessed sarcopenia not only by L3 muscle index but also including strength and physical performance. The authors suggest that including a functional aspect (handgrip strength and 6-meter usual gait speed) to the definition of sarcopenia may result in a better prediction for postoperative complications.”*

We thank the reviewer for their comments and suggestions. Unfortunately at the time of the study being conducted, the referenced study had not yet been published and therefore had not been included in the initial review. However, as now published and available online, we have incorporated the study within our review as per the reviewer’s suggestions. It is referenced on page 16 as reference #30.

Thank you for your review and consideration of our manuscript.

Sincerely,

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