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**Name of Journal:** *World Journal of Gastrointestinal Surgery*

**ESPS Manuscript NO:** 21871

**Manuscript Type:** META-ANALYSIS

Dear Editor,

Manuscript number: 21871

Manuscript type: META-ANALYSIS

Manuscript title: Post-operative abdominal complications in Crohn's disease in the biological era: systematic review and meta-analysis

This is our response to the comments made by two peer reviewers of the above titled paper.

After a very positive review, the first reviewer recommended the following minor points for revision:

**1. Tables and figures should be given with legends, so the readers can easily understand.**

The tables and figures where relevant have now been suffixed with additional legends. Specifically more detailed legends for the included tables with units and terminology have been suffixed. The forest and funnel plots for wound infection that demonstrate publication bias and particular significance for the meta-analysis as a whole have also been suffixed with additional explanatory commentary for the benefit of the reader.

**2. A brief introduction of anti-TNF-alpha therapy in CD patients is needed.**

Whilst the paper did include some introduction regarding the use of anti-TNF-alpha therapy including clinically significant randomised controlled trials and the presumed mechanism of action, the authors' agree with the reviewer that greater detail is required on the usage of such agents in CD. Therefore, an additional passage describing indications for use of biological therapy in Crohn's disease and long term success data has been added and highlighted for the Editor with a comment. The added entry is:

'Eight-weekly infusion regimes appear to be most effective for patients with an initial response to the induction dose of monoclonal agent. Long term use of such agents is supported up to three years and is extremely effective as a steroid-sparing therapy [1,2,3]. Currently monoclonal antibodies are being utilised earlier in the treatment algorithm for moderate to severe inflammatory disease, in addition to more complex intra-abdominal fistulating disease in an attempt to achieve mucosal healing and remission.'

The second reviewer comments that the meta-analysis is well written, with appropriate statistical methods but is relatively limited in terms of novelty by several previous reviews in the last few years, though still worthy of acceptance for publication. The authors would respond that the reason there have been a number of previous reviews is because the literature is evolving on the effectiveness of such biological therapies in comparison to other treatments. The subject of safety with biological agents and surgery for Crohn's disease remains highly controversial and this meta-analysis particularly investigates the effect of post-operative septic complications in a unique and comprehensive manner and we feel is therefore of value for wider readership.

We hope you find our revisions to this invited manuscript to be satisfactory. Should you feel further changes to be necessary we would of course be happy to consider them.

Yours faithfully,

Mr Peter Waterland  
Professor Thanos Athanasiou  
Miss Heena Patel