

## ANSWERING REVIEWERS

Apr 24, 2013

Dear Editor, *World Journal of Gastrointestinal Pharmacology and Therapeutics*

Please find enclosed the edited manuscript in Word format

Name of journal: *World Journal of Gastrointestinal Pharmacology and Therapeutics*

ESPS Manuscript NO: 2309

Columns: BRIEF ARTICLE

**Outcome of patients with primary sclerosing cholangitis and ulcerative colitis undergoing colectomy**

Sombat Treeprasertsuk, Einar Björnsson, Emmanouil Sinakos, Emma Weeding, Keith D. Lindor.

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

1. In the introduction section you reported that the incidence of colorectal neoplasm at 5 years in PSC-IBD patients is significantly higher than in patients with UC alone (33% vs 13%) but the P value reported is  $P=0.05$ . Generally a significance level for the P value is considered  $<0.05$ . Please check this data

Answer: revise as suggestions in introduction... The incidence of colorectal neoplasia at 5 years in PSC patients with IBD is significantly higher than in patients with UC alone (33% vs 13%,  $P = 0.054$ ; borderline statistical significance by unmatched log rank test)

2. The entire Methods section of the manuscript should be reorganized in a more accurate and structured way because in the present status is, in my opinion, not clear. In particular in the Exclusion criteria section must be reported and specified only the exclusion criteria and not the number and the reasons for patients exclusion. Moreover the data extracted, the risk scores definitions and other information that are not criteria for exclusion must be reported in other sections of the methods.

Answer: revise as suggestions in methods

- correct data of inadequate follow-up data ( $n = 35$ )

3. All end-points of the study should be better defined in a dedicate sub-section of the methods. In particular for the primary end-points: it should be specified that it has been measured at 1 month and at follow-up.

Answer: revise as suggestions in methods

4. In the results section the primary outcomes should be reported at the beginning and then, after this, the secondary outcomes

Answer: revise as suggestions in methods

5. Tables 1-4 could be omitted and substituted by Table 5, enriched with an additional

column including data of all patients

Answer: Agree and combined table 1 to 3 into table 1

6. For discussion: The low colectomy rate might reflect the usually quiescent colitis in PSC. Only large duct PSC were included which might have an impact on the poorer outcome. It remains unclear what colon cancer diagnosis after colectomy means, found in the colectomy specimen or development in remaining rectum during follow up? Do you have any data on percentage of advanced cirrhosis at the time of colectomy as this might explain the high mortality and morbidity in your study?

Answer: Agree and add in discussion part with references

7. Is there any postoperative histological or imaging indication that colectomy changed the progress of the PSC per se compared to baseline? 3.

Answer: no data to support and add this information in discussion

8. Please give additional explanations for the data of Figure 2.

Answer: .... which indicated that PSC patients with ulcerative colitis who underwent colectomy died or required liver transplantation more often than those PSC patient with ulcerative colitis who had no colectomy regarding to the same baseline calculated Mayo risk scores.

9. Add DOI citation numbers to the reference list and list all authors. In addition, Please begin with DOI: 10.\*\*

<http://www.crossref.org/SimpleTextQuery/>

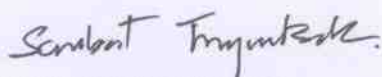
For those references that have not been indexed by PubMed, a printed copy of the first page of the full reference should be submitted. At least 26 references

Answer: revised as suggestions.

10. Other suggestion in manuscript were revised as suggestions (yellow color highlight)

Thank you again for your suggestions and if you have any question, please feel free to contact us.

Yours sincerely



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