

Cover Letter in Response to Reviewer's Comments

Professor Timothy M. Pawlik
Editor-in-Chief
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Title: Colorectal surgeon consensus with diverticulitis clinical practice guidelines

10 Sept 2017

Dear Professor Pawlik,

Thank you for the opportunity to revise our work. Please see our response to the reviewer's comments (in italics).

Thank you for your consideration.

1) Reviewer's code: 03563654

COMMENTS TO AUTHORS

This is a well written study about colorectal surgery. I have some suggestions. 1- Did you use multivariate analysis? 2- In case of contraindication of CT, MRI may be used at the diagnosis of diverticulitis(Surg Laparosc Endosc Percutan Tech. 2017 Jun;27(3):154-157. doi: 10.1097/SLE.0000000000000389.) and (Prague Med Rep. 2016;117(4):145-152. doi: 10.14712/23362936.2016.15. Review.) I suggest both of these uptodate studies for the references. 3- Why did you only use colorectal surgeon?

RESPONSE

1 - Yes, we did use multivariate analysis when appropriate. The methods statistical analysis paragraph now includes 'Multivariate logistic regression analysis was used to assess associations between covariates.'

The results section now also specifically refers to results which are the result of multivariate analysis.

2 – May we respectfully point out that the two studies requested for up to date references for "in case of contraindication of CT, MRI may be used at diagnosis" do not reflect this. The first study mentioned correlates bowel wall thickening seen using CT with colonoscopies. The second study is titled 'Novel approaches in pilonidal sinus treatment'. Therefore, we have not updated our references with these two studies.

3 – We only used colorectal surgeons because from previous survey experience they have a very high compliance with survey response and completion compared to general surgeons, many of whom do not deal with diverticular disease. In the discussion paragraph where we

discuss weaknesses in our study, we have modified the sentence discussing this to 'Furthermore, only subspecialty colorectal surgeons were invited to complete this survey in an effort to maximize the response rate. We acknowledge that many general surgeons also treat diverticulitis.'

2) Reviewer's code: 00058269

COMMENTS TO AUTHORS

Interesting survey results of local colorectal surgeons regarding management of diverticulitis.

RESPONSE

Thank you very much for these kind words.

3) Reviewer's code: 03475239

COMMENTS TO AUTHORS

Congrats on an interesting and well-written study. I have no further comments. Pity there was no information on General Surgeons, especially in the rural/district setting

RESPONSE

Please refer to answer 3 for Reviewer 1) and the modified discussion paragraph.

4) Reviewer's code: 03252972

COMMENTS TO AUTHORS

It is an interesting piece to read and publish. It provides very good overview of Australian surgeons' opinions on diverticulitis guidelines. Also, the important message of this survey is that "it demonstrated that despite the availability of guidelines, some areas in clinical practice reach consensus contrary to these recommendations". How to further improve the applicability of the guidelines is always a difficult yet paramount issue. The study has its nature limitations due to its design and the authors clearly acknowledged them. Suggestion: the authors used some informal words such as "prep" in the manuscript, please change.

RESPONSE

Thank you. We have now revised the manuscript to use the word "preparation" instead of "prep".

5) Reviewer's code: 03475779

COMMENTS TO AUTHORS

Good well written paper on a interesting and actual issue. true limit of clinical surveys is that respondents express opinions or personal experiences but without these being supported by reference literature of the single respondents. It would be interesting to know the reasons for the agreement or disagree with the proposed clinical issues. In addition, the article does not offer a unambiguous conclusion, but shows only the individual experiences and preferences. In this sense it does not offer new knowledge but only a representation of the current state of affairs in Australia and New Zealand.

RESPONSE

Thank you. We believe we have acknowledge in the discussion the limits of our study achievable through clinical surveys, and acknowledge that correlation with clinical guidelines is quite difficult to achieve through other means.

6) Reviewer's code: 03206783

COMMENTS TO AUTHORS

The authors conducted a survey in Australia and New Zealand to determine the application of clinical practice guidelines for the current management of diverticulitis and local colorectal surgeon specialist consensus. Through comparing the consensus with the guidelines, the authors clearly displayed the controversial topics in current guidelines which actually provides future study directions for associate researchers. So this is a meaningful study.

RESPONSE

Thank you very much for these kind words.

7) Reviewer's code: 00182423

COMMENTS TO AUTHORS

I enjoyed much reading this interesting manuscript. As the authors pointed out, the survey results must be very useful in highlighting current practices and areas of equipoise in the management of diverticulitis. Please refer to the authors' instructions for references.

RESPONSE

Thank you very much for these kind words.

As requested, the references have now been updated to match the authors' instructions for references.

8) 20170820_35776-Manuscript Reviewed

RESPONSE

The word document 20170820_35776-Manuscript Reviewed had 11 comments from the Reviewer which we have addressed.

U1: Colorectal Surgeons changed to colorectal surgeons

U1: Colorectal changed to colorectal

U3 (city) and U4 (71% vs. 50% in Fig 2): We have improved this paragraph and corrected the percentages in the text, which were caused when we revised the data analysis between having 99 and then 101 completed survey returns. Thank you for picking this up. Figure 2 data is correct.

The revised paragraph is 'Univariate analyses demonstrated that a significantly greater number of those practicing in a rural/regional or a secondary referral center compared with those in a tertiary or quaternary referral center (91% vs. 56%, $p=0.002$), and those practicing for more than 10 years (71% vs. 50%, $p=0.047$) was associated with this.'

U5 (The sum exceeds 100%.): We have corrected this sentence. The 30% is in fact 3%, and was a typographical error. The sentence now reads 'Fifty-six percent would do a Hartmann's

procedure as opposed to 3% choosing resection with primary anastomosis and diverting colostomy and 34% choosing on table colonic lavage and colorectal anastomosis with diverting loop ileostomy.'

U6 (delete?): We have deleted the word 'only'.

U7 (c): Colorectal changed to colorectal.

U8: References have been corrected.

U9: Nth changed to North in Table 2.

U10: Nth changed to North in Table 2.

U11 (70% vs. 48% for percutaneous drainage .. in 'Results' section.): This has been corrected as explained in U4 above. Figure 2 data is correct and we have corrected the results section.

All the above changes have been reflected in the manuscript in red text.

We hope you find the revised manuscript acceptable for publication. Thank you once again for your consideration.

Yours Sincerely,

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