

April 13, 2021

Bing Hu, MD
Anastasios Koulaouzidis, MD, PhD
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Co-Editors-in-Chief, *World Journal of Gastrointestinal Endoscopy*

Dear Professors,

We are submitting a manuscript for your consideration entitled, "*Outcomes of Inpatient Cholecystectomy Among Adults With Cystic Fibrosis in the United States.*" This article was originally submitted to your sister journal, *World Journal of Gastroenterology*, who referred us to your journal for consideration of publication. Our responses to the reviewer are addressed below. We feel that this article will be highly meaningful for readers who are interested in biliary disorders, although our article focuses more on surgical than on endoscopic management.

The premise of our study derives from the paucity of data on the safety of cholecystectomy among adult patients with cystic fibrosis. The published reports (totaling approximately 70 subjects) were completed more than 20 years ago, and report a mortality rate of 4% which is considerably higher than the modern mortality rate of cholecystectomy (approximately 0.2%). Through a nationally representative database, we included 1,239 patients with cystic fibrosis who underwent cholecystectomy – nearly 20 times the aggregate number of cases reported in the literature. In a propensity matched cohort of patients with and without cystic fibrosis, we demonstrate that the risk of inpatient mortality and post-operative complications are similar between groups.

With recent developments in cystic fibrosis care, pulmonary function and mortality have improved dramatically. The population of adults with cystic fibrosis is growing rapidly, and outcomes research is desperately needed to inform care for these patients. We believe that cholecystectomy is indicated for a growing population of cystic fibrosis patients, but that surgery is not being offered due to an outdated high mortality rate. Our study characterizes the observed outcomes of cholecystectomy among a modern cohort of patients with cystic fibrosis and allows for an informed risks and benefits discussion prior to surgical consideration.

We appreciate the interest of the *World Journal of Gastrointestinal Endoscopy* in publishing original articles. We feel this article will be impactful, and thank you for considering it for publication.

Sincerely,
Mitchell L Ramsey, MD
Peter P. Stanich, MD
Division of Gastroenterology, Hepatology, and Nutrition
The Ohio State University Wexner Medical Center

Response to Reviewers:

Reviewer #1:

Thank you for giving me the possibility to review this interesting paper. The paper demonstrates that laparoscopic cholecystectomy is safe also in patients with CF, while in the past concerns were raised. The wide sample size and the correct study design are the strengths of this study. As stated in the manuscript, the only potential weakness is the possible coding bias which is typical of large databases. I think this paper gives us interesting information to base our clinical decisions on in patients with gallstones on a background of CF. The paper definitely deserves publication

Response:

We thank the reviewer for their contribution to our manuscript. We have included language in the manuscript related to the possible coding bias, which is typical of large database studies. Procedure codes are more reliable than diagnostic codes, and we have used procedure codes to define the study cohorts.

Additionally, we have added an Article Highlights section as requested by the editor.