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Dublin, September 2021

Re: Revision of World Journal of Hepatology Manuscript NO: 69138 “Systematic review on surgical repair of bile duct injuries after laparoscopic cholecystectomy – conditions to consider”

Dear Professor Wang,

Please find enclosed a revised version of our above referenced manuscript.

We have carefully considered all comments raised by the reviewer. Please find a point-by-point response below. All changes in the manuscript have been marked yellow.

We greatly appreciate the thorough and constructive evaluation of our work. Please convey our thanks to the reviewer. We hope that we could address the criticisms in a satisfying way, and that the manuscript will be further considered for publication in World Journal of Hepatology.

With best wishes,

Patryk Kambakamba and Michael Linecker

Reviewer 1:

Comments to Authors: This paper is well written, but important reliable papers should be listed in the Reference section. Please quote important reliable papers in your review. 1. de'Angelis N, et al. 2020 WSES guidelines for the detection and management of bile duct injury during cholecystectomy. World J Emerg Surg 2021;16(1):30 2. Helmi Khadra, et al. Bile duct injury repairs: Progressive outcomes in a tertiary referral center. Surgery 2019;166(4):698-702. 3. Hori T, et al. Protocol for laparoscopic cholecystectomy: Is it rocket science? World J Gastroenterol 2016;22(47):10287-10303.

Reply: Thank you for this comment. We agree that these important papers should be mentioned and are included in the revised manuscript (Reference 5, 12 and 13).

Reviewer 2:

Specific Comments to Authors:

1) This is an interesting systematic review evaluating the evidence behind management of bile duct injuries (BDI). While the manuscript has its strengths, given below are my comments in no particular order. 1. Very similar systematic review was published last year in annals of surgery - "Early Versus Delayed Surgical Repair and Referral for Patients With Bile Duct Injury: A Systematic Review and Meta-analysis" In such a scenario when extremely similar articles have already been published, it is critical that authors ensure that their manuscript avoids any methodological issues and incorporates their findings. Unfortunately, authors have not discussed the results of either of these two reviews.

Reply: The authors appreciate the comments and both studies are mentioned and discussed in the revised version of the manuscript (Reference 23 and 24). The discussion was edited accordingly.

« This goes in line with the findings of two recent meta-analysis, that BDI repair should be undertaken either early or in a delayed fashion after 6 weeks, whereas the time frame between 2-6 weeks seems to be associated with increased morbidity.»

2) Search strategy is 1.5 years old. Old search strategy decreases the value of the systematic review. Authors may wish to rerun the search and make it up-to-date.

Reply: The literature search was updated until August 2021.

3) Abstract has not been written appropriately and needs to be revised. The second sentence of the 'background section', i.e. the aim, is not what the authors are doing. Authors have written "The aim of this study was to review the recommendations on the timing for BDI repair after LC in literature." However, the actual aim is to

systematically evaluate the evidence behind the repair of bile duct injury. Recommendations are issued by professional societies after conducting their own systematic reviews.

Reply: The abstract was changed accordingly.

4) Title should be rephrased to explicitly mention that this is a systematic review.

Reply: The title was changed according to your suggestion. The new title reads: « *Systematic review on surgical repair of bile duct injuries after laparoscopic cholecystectomy- conditions to consider* »

5) Authors should look at PRISMA-A checklist to see how to rewrite their abstract to include the key information at a glance.

Reply: The PRISMA-A checklist was used to provide a modified version of the abstract.

6) PRISMA 2009 is the oldest version. Kindly provide PRISMA 2020 checklist and the supporting PRISMA 2020 flowchart for this paper. The current flowchart has wrong terminology listed (e.g. manual reading is not a terminology to be used).

Reply: The flow chart was changed accordingly.

7) Figure 1 doesn't provide search strategy as the authors claim in their paper. Figure 1 is somewhat like the PRISMA 2009 flowchart albeit with wrong terminology. Kindly provide exact search strategy as supplementary material (with the BOOLEAN operators and Mesh terms)

Reply: Thank you for this comment. This was corrected in the revised version of the manuscript and the search terms can be found in the supplementary material.

8) No mention of risk of bias assessment in the methods section. Authors have not performed risk of bias assessment which is the backbone of systematic review. Please use either newcastle ottawa scale or ROBINS-I tool to do risk of bias assessment and then resubmit.

Reply: Thank you for this important observation. The risk of bias assessment was performed based on the Newcastle Ottawa scale (Supplementary Figure 1).

9) Authors have mixed up screening and data extraction subheadings in one section. Kindly separate out. Kindly see the annals of surgery paper above on how to write a better methods section.

Reply: The methods section has been modified according to the reviewers suggestion.

10) Inclusion criteria are poorly written. No mention of whether or not language restriction was there. No mention of time (e.g. including all studies ever published).

Reply: Information on time and language restriction can be found in the methods section.

« A systematic electronic search for studies published until August 2021, [...] »

« Abstracts, reviews, case reports, letters to the editor and articles only available in non-English language were excluded from analysis. »

11. Systematic review was not pre-registered at PROSPERO.

Reply: A pre-registration of the systematic review at PROSPERO was not performed. We do believe that a post-analysis registration is not expedient.

12. Authors have not explicitly stated their major and minor outcomes to be analyzed in methods section.

Reply: The revised version includes a specification of primary and secondary outcomes in the methods section.

POINT-BY-POINT REPLY

1. Title should be modified in line with modern terminology of systematic reviews: "Timing of Surgical Repair of Bile Duct Injuries After Laparoscopic Cholecystectomy: A Systematic Review"

The title has been changed accordingly.

2. In methods section, please say 'risk of bias' not just 'bias'.

We have replaced "bias" by "risk of bias" in the methods section as requested.

3. Studies excluded from full-text must have specific reason for exclusion, which has not been added yet. See Cochrane Handbook for Guidance.

We have added specific reasons for exclusion according the Cochrane Handbook for guidance.

4. Please use the PRISMA 2020 Flowchart template, don't make your own template. The current figure is confusing with regards to separation of steps of abstract and full text screening.

The official PRISMA 2020 Flowchart was used and added to the resubmitted manuscript.

5. Please upload list of excluded studies from full-text screening as a supplementary file.

Excluded studies from full-text screening were detailed in a list as well as in an EndNote file to facilitate easy access.

EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: (1) Classification: Grade C and Grade B. (2) Summary of the Peer-Review Report: The manuscript is interesting, but requires major revision. Furthermore similar systematic reviews have been found in other journals. (3) Format: There is five tables and 3 figures. (4) References: A total of 39 references are cited, including no references published in the last 3 years. (5) Self-cited references: There is a self-cited reference. (6) References recommendations: PMID and DOI should be shown. 2 Language evaluation: Classification: Grade B and Grade C. 3 Academic norms and rules: Informed consent was waived. 4 Supplementary comments: None. 5 Issues raised: Revision according to reviewers' comments and update of systematic review is required. 6 Re-Review: Required. 7 Recommendation: Major revision.

(2) Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Hepatology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend:

Reply: Dear editors, thank you for the supportive comments. We provide a revised version with an updated literature research up to August 2021. Language editing and substantial help in the revisions was provided by native speaker Dr. Sinead Cremen. If the editor agrees, we would appreciate listing her as a coauthor.