

ROUND 1

Editorial Office,

Baishideng Publishing Group Inc

15 April 2022

Dear Professor Ma,

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editors and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled “Risk factors for delayed intracranial hemorrhage secondary to ventriculoperitoneal shunt: A retrospective study”. (Manuscript NO.: 73002, Retrospective Study). We have studied reviewer’s comments carefully and have made revision which marked in red in the paper. We have tried our best to revise our manuscript according to the comments. Attached please find the revised version, which we would like to submit for your kind consideration.

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

Dianhui Tan

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## List of Responses

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Risk factors for delayed intracranial hemorrhage secondary to ventriculoperitoneal shunt: A retrospective study". (Manuscript NO.: 73002, Retrospective Study). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

1. An optional flowchart describing how you enrolled the patients in your study is essential and missing in the paper. A major drawback and limitation of this study is the "selection bias". Regarding to this scientific viewpoint, the result should be interpreted with caution. The specific inclusion and exclusion criteria of the participants needs better description and well appreciated.

**Response:** Special thanks to you for your good comment. The inclusion and exclusion criteria of the participants were described in detail in the STUDY DESIGN part. A flowchart of the enrolling patients is provided, which may help understand the study design easier.

2. In this investigation, only a total of 159 patients were divided into the DICH group

(n=26) and the non-DICH group (n=133) with the data analyzed using univariate and multivariate logistic regression. Studies with small to moderate samples size employing logistic regression overestimate the effect measure (reference). I am not a statistician, but the authors should discuss and solve with this issue. Reference: Nemes, S., Jonasson, J.M., Genell, A. et al. Bias in odds ratios by logistic regression modelling and sample size. BMC Med Res Methodol 9, 56 (2009). <https://doi.org/10.1186/1471-2288-9-56>. Please discuss the power of your study as you stated that the size of the sample was relatively small in your limitation section.

Response : Thank you for your comment. We have read the reference you have provided. In our study, the actual DICH incidence was 16.4%, which is corresponded with other studies (1.6% to 23.7%). Although the data in our study is real, overestimating the effect measure is an inevitable drawback in our small sample size study. We discuss the power of our study in the last paragraph of the discussion part, which is about the limitations of this study. More cases needed to be enrolled in this study to eliminate this overestimating effect. It may be achieved through more population and centers in the future.

3. The initial performance level of the implanted Medtronic Strata Adjustable Pressure VP Shunt was not mentioned. This may have a significant influence to DICH due to Monro-Kellie doctrine.

Response : Thank you for your opinion. Adjustable pressure valve set at 2.0 was implanted. This has been added in the MATERIALS AND METHODS part of the article.

4. The initial setting of the height of EVD above tragus was also not mentioned. Again, this may have a significant influence to DICH due to Monro-Kellie doctrine.

Response: Our study is about DICH in ventriculoperitoneal shunt patients, not EVD patients. A history of EVD is one of the parameters reviewed in this study, not the height of EVD.

5. Please adhere well to the rule of abbreviation. For example, ventriculoperitoneal shunt and VP shunt are used arbitrarily throughout the text.

Response : Thank you for your comments. We have corrected some errors in the article according to the basic abbreviations rules.

6. Please clarify the units in the tables, i.e. 10E6/L, 10E9/L, 10E12/L.

Response: Thank you for your comments. We have clarified the units in the tables, i.e.  $\times 10^6/L$

7. Discussion of the more recent literature on the topic is recommended. Some cited references were even before millennium.

Response : Thank you for your comments. More recent references (within 5 years) have been cited in the revised article.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Yours sincerely,

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ROUND 2

Editorial Office,

**Baishideng Publishing Group Inc**

1 May 2022

Dear Professor Ma,

We are pleased to note the favorable comments of reviewers and editors on our manuscript entitled “Risk factors for delayed intracranial hemorrhage secondary to ventriculoperitoneal shunt: A retrospective study”. (Manuscript NO.: 73002, Retrospective Study). We have studied these comments carefully and have made revision which marked in red in the paper. We have tried our best to revise our manuscript according to the comments. Attached please find the revised version, which we would like to submit for your kind consideration.

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

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Responds to the reviewer's comments:

Reviewer #1:

1. However, the power of your study is still not provided in this revised manuscript.

Response: Special thanks to you for your good comment. The power of our study is 0.63. This low statistical power increases the likelihood of a false positive result. More cases needed to improve the statistical power.

2. Besides, there are still language and abbreviation issues. "Ventriculoperitoneal" occurring after the first time in text should all be replaced with "VP".

Response : Special thanks to you for your good comment. “Ventriculoperitoneal” occurring after the first time in text have been replaced with “VP” in the revised manuscript.

3. What do you mean by “mo” in Study Design section?

Response: Special thanks to you for your good comment. “mo” means “month”. We have corrected this wrong spelling.

4. There are 2 full stops in the sentence in Discussion section “The average hematoma volume of DICH is 10.92 mL.”.

Response: We have checked this sentence and did not find 2 full stops.

5. The word “overestimateds” is wrongly spelled. Please check thoroughly all related discrepancies and inconsistencies in your manuscript before re-submission.

Response: Special thanks to you for your good comment. We have corrected this wrong spelling.

We tried our best to improve the manuscript and made some changes in the manuscript. Many grammatical or typographical errors have been revised. These changes will not influence the content and framework of the paper. We appreciate for Editors/Reviewers’ warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.



Yours sincerely,

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