

Format for ANSWERING REVIEWERS



September 25, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5141-review.doc).

Title: Short and long-term outcomes of laparoscopic colectomy in obese patients

Author: Andrea Vignali MD, Paola De Nardi MD, Luca Ghirardelli MD, Saverio Di Palo MD, Carlo Staudacher MD, FACS.

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5141

The manuscript has been improved according to the suggestions of reviewers. A professional English reviewer edited the manuscript. I declare that the manuscript has now reached a grade A.

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewers

Reviewer 1.

1) The study is interesting though its design is not original. Patient selection indications for laparoscopic surgery remain unclear. Study material and data analysis are interesting and well-presented. The tables are informative. Unfortunately, the study is not prospective. I think the study is suitable for publication.

Answer to reviewer 1

The learning curve for laparoscopic colorectal surgery was completed before starting the present trial. Decision in favor of the open or laparoscopic approach was made on surgeon or patient preference. We are conscious that a possible bias in the patients selection related to increasing experience of the surgeons could be occurred during the study period. However the analysis of the data showed that the two group were homogenous in term of demographics, co morbidity on admission and type of surgery.

We included a sentence stressing the possible bias in patient selection in the discussion.

Reviewer 2

2) The Authors analyze the feasibility of laparoscopic colectomy in obese patients. There are not randomized trials comparing the outcome of colectomy in obese and non obese patients. The results confirm previous studies on the efficacy and safety of laparoscopic left and right colectomy in obese. The literature on this topic is scarce, and, although another case-match study was published in 2005 in Disease of Colon Rectum, this is the only one that analyses long term results. Minor points: The percentages of infectious complications and mortality in LPS group, in Tab 4 are incorrect. The study analyzes a 10 years period, how were patients allocated to either laparoscopic or open surgery? Was it based on the surgeon's experience and therefore linked to a learning curve? This could be a bias that should be explicated .

Answer to reviewer 2.

2) The percentages of infectious complications and mortality in table 4 have been corrected.

The learning curve for laparoscopic colorectal surgery was completed before starting the present trial. Decision in favor of the open or laparoscopic approach was made on surgeon or patient preference. We are conscious that a possible bias in the patients selection related to increasing experience of the surgeons could be occurred during the study period. However the analysis of the data showed that the two group were homogenous in term of demographics, co morbidity on admission and type of surgery.

We included a sentence stressing the possible bias in patient selection in the discussion.

Reviewer 3

3) This is a case-matched study that addresses the feasibility of laparoscopic colectomy in obese patients. The present study essentially followed the study of Delaney CP et al. in terms of design and obtained similar results. Although low in originality, the present study was somehow meaningful as it provided data supporting the results of the earlier study. However, the topics addressed were highly surgical issues and unfamiliar to the readers of World J Gastroenterology. It is for this reason that the present manuscript is unsuitable for publication in World Journal of Gastroenterology. This reviewer recommends resubmission to a surgery-specific journal. SPECIFIC Major 1. The authors should clearly describe how patients who needed colonic surgery were divided into laparoscopic and open groups during the study period. 2. The length of hospital stay is one of the important endpoints of this study. The results were shown after exclusion of conversion cases in Table 6 although the results of intent-to-treat (ITT) analysis were described only in the text. The results of ITT analysis should be shown in Table 6 as well. Minor In order to facilitate readers' understanding, the reviewer recommends that the results be described separately by headings.

Answer to reviewer 3.

Results of intent to treat analysis are reported in tables 1 to 5 (patient's demographics, intraoperative as were as operative variables and complications rate) and thus adding it in table 6 will result in a duplicate. Length of stay in ITT has been added in table 4.

The results are now described separately by headings.

The learning curve for laparoscopic colorectal surgery was completed before starting the present trial. Decision in favour of the open or laparoscopic approach was made on surgeon or patient

preference. We are conscious that a possible bias in the patients selection related to increasing experience of the surgeons could be occurred during the study period. However the analysis of the data showed that the two group were homogenous in term of demographics, co-morbidity on admission and type of surgery.

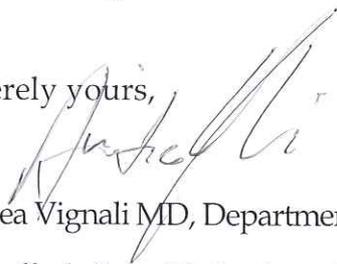
We included a sentence stressing the possible bias in patient selection in the discussion.

3) 36 references are now included, according to the reviewer suggestion.

4) Comment section has been added.

Thank you again for considering our manuscript for possible publication in the *World Journal of Gastroenterology*.

Sincerely yours,



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