



# BAISHIDENG PUBLISHING GROUP INC

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## ESPS Peer-review Report

**Name of Journal:** World Journal of Meta-Analysis

**ESPS Manuscript NO:** 10657

**Title:** Do high volume laparoscopic cholecystectomy centres have lower complication rates? A meta-analysis of single centre cohort studies

**Reviewer code:** 00504581

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2014-04-13 11:37

**Date reviewed:** 2014-04-23 06:49

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

It seems reasonable to think that the success rate and the number of complications of an specific surgical procedure has to be related with the experience and the number of procedures performed by the surgical team, and perhaps in the same way with high-volume centres at institutional level .Perhaps, The best way to check this possible relationship should emerge from the analysis of the experience of the different institutions since the beginning with the surgical procedure, and the evolution of the procedure success rate and complications on the coming years, but unfortunately this type the report does not exist or are very difficult to find . I would like some commentary by the authors The authors said "The external validity of the study is further enhanced by the finding of average complication rates that are quite similar to accepted published rates". Would it be possible to know a summary of this figures ?



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**Reviewer code:** 00535896

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2014-04-13 11:37

**Date reviewed:** 2014-04-27 18:16

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Minor revision
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**COMMENTS TO AUTHORS**

The current meta-analysis presents interesting regarding an interesting and important problem. 1.) In the Introduction part as in the Method part this paper talks about high- (HV) and low- (LV) volume centers in laparoscopic cholecystectomies. A definition is needed about what is HV or LV. 2.) In the Introduction part the PRISMA guidelines are mentioned, an explanation is needed. 3.) In the Discussion part the authors says: "..... In a univariate analysis the authors of this study found that high-volume centres (≥225 LCs annually) had slightly improved major complication rates compared with lower-volume centres (6.4% versus 7.0%, p<0.0001) .....hospital volume of ≤120 cases per year was associated with an odds ratio for conversion of 1.32 (95%CI 1.18-2.19) when compared with hospital volume of ≥225per year..... found higher mortality in lower volume (<173 cases/year; odds ratio 1.45; 95%CI 1.06-2.00; p=0.022) and medium volume (173-244 cases/year; odds ratio 1.52; 95%CI 1.11-2.08; p=0.01) centres when high-volume centres (>244 cases/year)...." A meta-analysis will be a great method for trying to define some thresholds. There is no exact science regarding the definition of thresholds, maybe a classification into 3 groups high-, low and mid- volume will be of sense. But after an analysis of so many studies an effort to define such threshold value is important. 4.) The figures shows values from 0- 1200. I think valuation of more than 1000 cholecystectomies per year is required. 5.) In the Result part the authors says: "...56 cohorts (113526 patients) provided data on bile duct injury rates. Figure 5 displays the relationship between average annual number of LC procedures and institutional percentage bile duct injury rate. The linear regression equation was non-significant (p=0.176). When only those studies that were published after 1995 were included (42



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cohorts, 105570 patients) the regression equation was non-significant ( $p=0.248$ ).....” It will be also useful to show/ formulate trends.



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## ESPS Peer-review Report

**Name of Journal:** World Journal of Meta-Analysis

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**Title:** Do high volume laparoscopic cholecystectomy centres have lower complication rates? A meta-analysis of single centre cohort studies

**Reviewer code:** 00742502

**Science editor:** Xiu-Xia Song

**Date sent for review:** 2014-04-13 11:37

**Date reviewed:** 2014-04-30 09:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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## COMMENTS TO AUTHORS

This is an interesting study dealing with an important clinical problem. 1). The authors should give the definitions of the high-volume and low-volume centers. 2) The authors carried out an extensive meta-analysis of a large number of studies. However, only one author performed the studies searching and data extraction. I recommend that at least two authors are required to carry out these procedures for the accurate data.



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