

ANSWERING REVIEWERS

June 17, 2013

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: Hari 3512-edit.docx).

Title: Small Bowel Carcinoid: Location Isn't Everything

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 3512-edited

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

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

- (1) **Most carcinoids are asymptomatic and difficult to be diagnosed. Thus, it is a tough challenge for carcinoid treatment. Surgery is not curable and traditional chemo-/radio-therapy has limited effects while carcinoid tumors have metastasized. This ms provides a lot good information via statistical analysis. For readers to easily read through and understand, there are some suggestions: 1, in the Section "RESULTS", it is better for authors to describe more detail 2, authors should explain the special words such as T-stage, M-stage, T1,T2 etc. 3, in Table 4, what does "Hazard Ratio" ? mean how to calculate?**
 - a. Details such as T-stage (size or depth of invasion) and N-stage (lymph node status) are explained in the introduction and outlined in detailed in Table 1.
 - b. Hazard ratio is the ratio of two hazard rate which are instantaneous risk of death (or an event) over the study time period.
- (2) **The manuscript is a retrospective analysis of small bowel carcinoids obtained from the SEER database. The paper is clear and easy to follow, its methods clearly stated and the results extremely clear. The discussion is perfectly in line with the results obtained from the statistical analysis, and the Authors also very clearly express and motivates the limits of their retrospective results. The references are up-to-date and appropriate, as well as the figures and tables. The length of the manuscript is also appropriate. This paper is, in my opinion, ready for publication in its present form.**
 - a. We appreciate the input from this reviewer and no revisions are requested.
- (3) **The study population from a National registry is large but there is a large discrepancy between the duodenal and ileo-jejunal carcinoids in terms of**

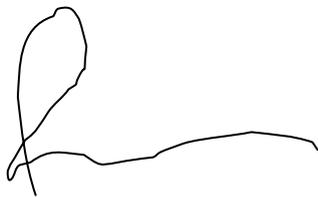
staging, intervention and histology of local nodes. As a result, not surprisingly the OS and DS is significantly better for the duodenal carcinoids but the subsequent multivariable analysis fails to confirm a favourable prognostic significance for the duodenal origin. Although this is not a case cohort study, the substantial difference between the duodenal and ileo-jejunal tumours makes difficult the interpretation of the cox regression analysis, somehow surprising as it fails to support data from previous studies. The analysis of the two groups, once they have been matched for stage, extent of surgical intervention and lymphnode histology/yelding, would provide a better and more meaningful study.

- a. Lymph nodes examination were not document in 83% of duodenal tumors which is not unexpected as lymph node resection is currently not the standard of care for SBC of the duodenum. Therefore, matching by TNM-stage will result in losing a significant number of patients since it can't be assumed these patients are N0. Hence, using all patients, we chose to do a multivariable regression analysis accounting for known clinical and pathological determinants of SBC-specific mortality.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink, consisting of a large, stylized initial 'F' followed by a long, horizontal, wavy line that tapers off to the right.

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