

## ANSWERING REVIEWERS



March 19, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2361 - review.doc).

**Title:** Fetal radiation exposure: is monitoring really a need?

**Author:** Milena Di Leo and Paolo Giorgio Arcidiacono

**Name of Journal:** *World Journal of Gastrointestinal Endoscopy*

**ESPS Manuscript NO:** 2361

Comments of reviewers:

(A) *The author presents are commentary about a study that argues against active radiation exposure monitoring for ERCP on the grounds that doses are low. The author disagrees. While I agree with the author in this respect, I believe the commentary could be substantially improved. Most notably, the commentary devotes too much time to clinical aspects of gallstone disease that are somewhat irrelevant to the main argument - the utility of radiation exposure monitoring. Furthermore, the commentary does not adequately defend the position that monitoring is beneficial. I believe the commentary can be improved through simplifying the argument as follows: 1) ERCP in pregnant women exposes the fetus to radiation 2) radiation is potentially dangerous 3) we know little about the effects of this radiation 4) the authors argue that because the exposure and subsequent dose is low, there is no need to monitor 5) a lack of data on risk and the fact that exposure is low does not excuse the benefits of monitoring - patients might undergo numerous scans, and cumulative doses can become concerning. Furthermore, monitoring offers a quality benchmark or an opportunity to keep doses "as low as reasonably attainable" (imperative of working with radiation), which is only possible with knowledge of exposure. I do not believe it is necessary to ask the authors to follow-up on the patient population. The small sample size and the low exposure will likely result in no observed attributable cases (this will not be proof of a lack of risk, so in doing so does not support the idea of avoiding monitoring). It might be sufficient to say that only through demonstration of outcomes in a properly designed study can we reasonably argue against monitoring - something that has yet to be demonstrated. Overall, I think the argument is correct, but the development is not sufficient nor clear to argue against "not-monitoring". I thank the editor and the author for the opportunity to review this commentary.*

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

- (1) We eliminated the comments regarding clinical aspects of gallstone disease;
- (2) We followed your suggestions regarding the order of the presented arguments;
- (3) We eliminated from the manuscript the request of further data on long term outcome.

(B) *There are a lot of published in the literatures. This study has not different contribution to literature. This manuscript is very low priority. For that reason this study is not worth to published at your journal.*

(C) *Excellently presented & organized. Wonderful commentary, clear suggestions for clinical application. Needs minor language review: For example, the number of women at term was difficult to understand. Also, be consistent about use of comma or decimal point. Use of word "anyway" sounds colloquial.*

The manuscript has been improved according to the reviewer' suggestions:

(1) The manuscript has been reviewed by native English speakers.

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

Sincerely yours,

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