

Subject: cover letter

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Dear editor,

We thank you for the thoughtful review of our manuscript entitled **“Evaluation of Doppler-US in the diagnosis of TIPS dysfunction: a prospective study.”**

However, contrary to what was reported in the decision letter, please note that the aim of our work was not to assess the factors related to the prognosis of intraabdominal liposarcoma and find the optimal minimum duration for remnant tumor screening, but to prospectively evaluate the performance of Doppler-US for the detection of TIPS dysfunction within a multicenter cohort of cirrhotic patients.

We did our best to answer the questions, and we hope that our clarifications will make our work now suitable for publication in the Journal.

1 & 2. Several factors influence the outcomes of the study. Some limitations might be occurred. Our work is a multicentric study, so the Doppler-US examinations were performed by different operators. Futhermore, Doppler-US is an operator-dependent examination. Thus, this might have influenced the results and could be considered as one of the study’s limitations. However, most of the Doppler-US were performed by experienced and specialized operators.. Moreover, the aim of the study was also to perform a pragmatic evaluation of Doppler-US performance in everyday practice, to increase generalization of our results.

Both bare stents and covered stent have been used during this study, which are known to have different dysfunction rates. However, as our study solely used TIPS dysfunction as read-out, this had no incidence on the results. The covered or bare nature of the stent does not influence the screening of TIPS dysfunction.

3. Although Doppler-US is routinely used for the detection of TIPS dysfunction, this large multicentric prospective study shows that the performance of this purpose is poor. Thus Doppler-US should not be recommended so far for the detection of TIPS dysfunction.
4. How achieve TIPS monitoring in routine clinical practice? Clinical supervision may be sufficient for TIPS indications such as refractory ascites, whereas early detection of shunt dysfunction appears crucial for TIPS indications such as variceal bleeding. Angiography remains the gold standard and should still be proposed, for bleeding indications of TIPS. Angiography should be performed sixth months after TIPS insertion because the first event of dysfunction occurs in almost half of cases at 6 months.

We hope that you will feel able to reconsider this submission.

Sincerely yours.

Dr Charlotte NICOLAS