

March 27, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name wjg-2355.doc).

**Title:** Expanded polytetrafluoroethylene-covered stent-grafts in the treatment of transjugular intrahepatic portosystemic shunt (TIPS) dysfunction

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**Manuscript No:** wjg-2355

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) Were Fluency or Wallgraft stent randomly assigned?

The stent-graft was not randomly assigned.

(2) Show the rates of new encephalopathy, bleeding and mortality and echographic dysfunction at 12 and 24 months, show data in a table with "p".

Table 2 was added to provide the rate of HE, rebleeding and TIPS dysfunction as well as the P value.

(3) Is a statistically significant difference between patency at 24 and 48 months between the Fluency and Wallgraft stent?

As we presented in the paper, better patency after the TIPS revision was obtained by deploying Fluency stent in comparison with Wallgraft stent. There is a statistically difference at 48 months between two groups.

(4) Figure 3 should be corrected, a "p" value is necessary and population and cases in the bottom part along time. And "probability free.." should say "probability of remaining free of..."

The figure note has been amended.

(5) Mention this paper: Wu X, Ding W, Cao J, Fan X, Li J. Clinical outcome using the fluency stent graft for transjugular intrahepatic portosystemic shunt in patients with portal hypertension. The American Surgeon 2013 Mar;79(3):305-12.

We have cited this paper which provided important data about the use of Fluency in TIPS placement.

(6) Abstract content should be supplemented by the information on the statistical significance of the results - (log-rank test, P= .033).

We have added P value in the abstract.

(7) I would recommend generating Table 2, with information about comparison of complications between two treatment groups.

Table 2 including new HE, rebleeding, TIPS dysfunction has been added.

(8) Grammatical errors in Figure 2 ("opacification" and "performed") and Figure 3 ("probability free") should be corrected.

We have corrected the grammatical mistakes as you mentioned.

(9) The title does not reflect the message of the manuscript. Consider modification. The title should focus on the main result of the study

We have modified the title to be "Stent-grafts for the treatment of transjugular intrahepatic portosystemic shunt (TIPS) dysfunction: Fluency stent versus Wallgraft stent"

(10) Since the follow-up of the patients does not exceed 24 months, consider modification of the term the "long-term" to "medium-term" in the text

We agree with that "medium-term" may be more appropriate.

(11) Explain the abbreviation, probably PET means polyethylene terephthalate - In result section the data should be supported by statistics, otherwise conclusion is obscure.

PET has been replaced by polyethylene terephthalate, as well as P value been added in the abstract.

(12) Introduction. Provide brief description (several words) of Viatorr stent

More information about Viatorr stent has been provided.

(13) Text and Table 1. General observation: referring to number of patients always provide the percentage in relation to a group under investigation.

The percentage has been added.

(14) Results. - Avoid the term "some patients", be more precise. - The end of the first paragraph. Last three sentences are confusing, consider revision. - Important: all data and numbers, comparing two groups should be supported by statistics. Avoid the words "better, worse etc.", provided statistical analysis, so that the readers could make their own conclusions concerning the significance of the data.

The number of patients who had minor post-procedural complication has been provided. The follow-up results of the patients after revision has been reordered and described in two groups. The description of statistical analysis has been corrected.

(15) Discussion. Start with the main finding of your research. Discuss it in relation to existing published articles and after refer to theoretical aspect of the theme.

The discussion section has been rearranged.

(16) Figure 3. At the bottom of the Kaplan-Meier curve the number of patients on follow-up should be depicted, starting from time point and thereafter for each time-point in months.

The P value and the number of patients on follow-up has been added.

(17) Also, result of statistical analysis (p-value, 95% CI interval) for the comparison of two curves should be added.

P value has been added.

(18) I would recommend changing the Title, since this is a retrospective study comparing two different stents (Fluency and Wallgraft) inserted in patients with TIPS dysfunction.

We have modified the title to be "Stent-grafts for the treatment of transjugular intrahepatic portosystemic shunt (TIPS) dysfunction: Fluency stent versus Wallgraft stent"

(19) The abstract need "p" value in the comparison of patency rates at 12 and 24 months of follow-up between both stents....add the information of results...page 10..... "Primary shunt patency rates after TIPS revision with Fluency stent in comparison with Wallgraft stent were significantly better (log-rank test, P= .033)". If correct...why the conclusion of the abstract is so "timid" saying..... "Implantation of Fluency stent is effective in patients with dysfunctional TIPS, with relatively higher long-term patency rates compared with Wallgraft stent". - What I should conclude from this study is that "In this retrospective study Fluency stent had a higher median term patency rate when compared to Wallgraft stents"..... -

The description in the abstract has been rewrote precisely with P value being added.

(20) What was the criteria used to decide whether to use Fluency stent or Wallgraft stent? I deduce that it was not in a randomized fashion. There may be a significant bias in the allocation to either stent determining this results..... -

It is a retrospective study without random design. Which kind of stent-graft was chosen mostly depended on the length of the original shunt, as Fluency stent was 6cm or 8cm in length and Wallgraft stent was 5cm or 7cm in length. Medical fee would affect patient's choice since the cost of Fluency stent was twice as many as Wallgraft stent.

(21) Why do authors use aspirin forever?I guess most patients are cirrhotics which could be a problem. There is no clear data on the use of aspirine in these patients as far as I know. -

There have been no established guideline for the prevention of TIPS dysfunction. However, we routinely administered low-dose aspirin (25mg/d) for patients who had a dysfunctional TIPS previously.

(22) Figure 3 needs "p" value comparison ( & CI 95%) of both curves and data on number of patients followed at different times at the X axis. -

The P value and the number of patients on follow-up has been added.

(23) Table 1 needs another row with data on "p" value differences (comparison). And mention more details on the primary reason for TIPS insertion (Budd Chiari? ... refractory ascitis?? Hepatic hydrothorax? ) -

P value has been added in Table 1. BCS has been added in the Table 1 as an individual TIPS indication. No patient in the present study underwent TIPS creation due to hepatic hydrothorax.

(24) Discussion too long and disorganized. ...please review -

The discussion section has been simplified and reorganized.

(26) Some changes suggested and grammatical errors: o Page 4: .....Similarly, the encouraging results have been obtained o Page 13: ..... The rates of recurrent bleeding, shunt occlusion, hepatic encephalopathy and mortality were 0.03, 0.0, 16.7 and 0% respectively after 6.16 ± 3.89 months of follow-up o Page 13:..... It says.....However, the role of Wallgafte stent in...should say: ....should say....However, the role of Wallgraft stent in.... o Page 14 says: ... says.....This study represents one of the largest published case series of patients with dysfunctional TIPS underwent shunt revision with

stent-grafts... should say....This study represents one of the largest published case series report of patients with dysfunctional TIPS undergoing shunt revision with stent-grafts

Grammatical errors has been corrected.

3. References and typesetting were corrected

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

Sincerely yours,

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