



SDI Review Form 1.6

Journal Name:	Journal of Advances in Medical and Pharmaceutical Sciences
Manuscript Number:	2014_JAMPS_11653
Title of the Manuscript:	Reproducible, repeatable and clinically-relevant hemostasis scoring
Type of the Article	Method Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	1. Methodology, Internal Assessment: State the number of videos that internal appraisers observed and how many were repeated (cf. external appraisers watched 10 of which 5 were repeated). 2. Methodology, Internal Assessment: State the length of the video for the internal appraisers (cf. external appraisers watched 10 s videos). 3. Methodology, External Assessment: Line 77 states "50% of their procedures laparoscopically" is to be corrected to read "50% of their procedures endoscopically" as this is the more appropriate term for the broad surgical specialties listed. 4. Methodology, Statistics: Provide justification that a Kendall's coefficient of 0.7 is appreciable and 0.9 is excellent concordance (e.g., reference human factors literature). 5. Results, Internal Assessment: State the number of appraisers in each group. 6. Results, Internal Assessment: Table 2 provides <i>P</i> values. The Methodology does not describe any statistical comparisons. What is being compared? State the method of comparison. 7. Results, External Assessment: Table 3 should include the range or standard deviation of Kendall's coefficients for "Within Appraisers" for better understanding of the data.	Added to manuscript (26 videos for experienced internal and 52 for novice internal). Added to manuscript (videos were 30 s). Changed. Added reference. Added to Table 2. The p-value is for the significance of each concordance, much like the significance of an x-y correlation. Added explanation Added standard deviations to Table 3, Within Appraisers.



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<u>Minor</u> REVISION comments	1. Methodology: Appraisers are defined as novice-internal, experienced-internal and external. Consider revising these definitions to be less institutionally focused; e.g., veterinary technician, veterinary surgeon and medical surgeons. 2. Methodology: Justify sample sizes of number of videos and appraisers per group. 3. Results, External Appraisers: Recommend to separate Figure 2 into two separate graphs, one showing a bar graph with levels of acceptability for "Between Appraisers" and one showing a box plot with levels of acceptability for "Within Appraisers" for better understanding of the data. 4. Discussion, External Appraisers: Authors can discuss that the Kendall's coefficient is the appropriate statistical method as surgeons least frequently used a score of 3 (cf. lines 87-89 and 115-116). 5. Discussion, External Appraisers: Were external appraisers able to provide comments? If so, what comments were provided, specifically to those that did not feel the scale adequately discriminated levels of hemostasis or why the scale is not clinically relevant? 6. Discussion, External Appraisers: What objections did the urologist state? Is there a statistical justification to drop this appraiser?	We believe it's important to distinguish between internal and external assessors, as the internal assessors may be perceived as more subject to bias, and we did not want to appear to be hiding or ignoring a source of bias. Added justification (based on small pilot studies). Made between appraisers barchart and within appraisers boxplot. Added this observation to the Discussion. Added mention of lack of consensus among those dissatisfied with the scale. One urologist had low concordance scores, but we did not see any comments from him/her.
<u>Optional/General</u> comments	1. This is a cogent means to assess hemostasis and a valid method for assessing reproducibility and repeatability that is timely for literature comparisons and product development. 2. Methodology: The appraisers were blinded to the cartridges used to create the firing. Please	Thank you. Added explanation that other technicians performed stapling. Hemostasis variation was a



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	describe how this was done and clarify that this was the means to vary the bleeding from the staple line. 3. Methodology, Internal and External Assessment: State whether or not each appraiser was able to watch the video multiple times or only once. 4. Methodology, Internal and External Assessment: State whether or not each appraiser conducted all appraisals in one sitting or over multiple days. If over multiple days, the repeatability is more meaningful. 5. Discussion: Can the reason that most external appraisers did not use a "3" is because the videos were only 10 s long?	result of differences in staple height and tissue thickness. Videos were watched once for 'between appraisers' and twice for 'within appraisers.' Added this to text. Separate days for internal appraisers, same day for external appraisers. Added this to text. Added this possibility to the Discussion.
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