



SDI Review Form 1.6

Journal Name:	<u>Journal of Advances in Medical and Pharmaceutical Sciences</u>
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>)



SDI Review Form 1.6

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	Interesting paper to measure the amount of bleeding after the use of stapling (Ethicon?), however clarification is needed on several significant issues 1.Lines 89 (page 4) to line 91 (page 5) regarding Kendall's coefficient is not referenced and should be placed in the discussion as this statistical test requires independent reviewers to be valid, for example were all the surgeon and naive test subjects from different institutions, or were they from the same institution and similarly trained, as I expect were the novice subjects. Exactly how many of the 'experienced' subjects from different institutions. If not 100%, a compromise in the Kendall must be acknowledged 2. Lines 89 (page 4) to line 91 (page 5) regarding Kendall's coefficient must be referenced by scientific publication(s), specifically as to .70 is considered evidence of appreciable concordance, and >.90 considered 'excellent concordance'. 3. As different surgeons use different pneumo pressures, no data is presented in the methods as to what pressures was used. This will be very problematic in application to human surgical measurement. Please state the pneumo used, and	Added this as a limitation for the use of internal appraisers, but the external appraisers came from a wide variety of institutions/departments, and external results were similar to those of internal appraisers. Provided reference (as noted also for Reviewer No. 1). Videos were made during open procedures to simulate a laparoscopy. Only one urologist had strangely different numbers, and he/she disagreed both with other surgeons and with his/her own scores. Modified text on how videos were made.



SDI Review Form 1.6

	discuss how studies will be difficult to compare using your measurement if the pneumo pressures vary. I can understand why the urologists are more variable possible for this reason. 4. It is interesting discussion in that the surgeons could discriminate bleeding >15 seconds in a video 10 seconds long. This brings up several questions. How long was the bleeding in video 2, was is 5' 10', 14'?? If the bleeding stopped before the end of video, then truly this invalidates the score, since you gave the answer away. Please specifically state the bleed times used in the videos. How accurate is your system to identify a 12-14' bleed versus a 17', since this was not tested. I think this is a significant weakness of the study that must be discussed beyond that stated at line 167 (page 8). The statement that the surgeons 'did not object to making assessments to this limitation' should supported with data in the results section or removed. 5. Table 2 has p-values, Table 3 does not, which limits how it validated within each group and how we can assess the study findings. Please supply p-values and discuss. Although the Kendall coefficient scores are high, p-values are missing, and the accuracy of the method is possibly compromised using surgeons from the same institution, but not clearly stated in the methods. There may also be a flaw in the methodology (#4 above) that must be more completely addressed in the discussion. It is also unclear reliable this method will be when	There is no quantitative assessment of bleed time. The time when bleeding stopped is subjective, as all rates of bleeding were slow. Appraisers assessed the degree of bleeding, rather the exact time that bleeding was expected to continue. Surgeons were queried about the test methodology at the conclusion of the study, and none objected to the length of the video, from which we surmise that it realistically depicted the amount of time spent during surgery in assessing bleeding. Added explanation to the Discussion section. Added p-values for Between Appraisers in Table 3. There are individual p-values for each surgeon for Within Appraisers. Per the suggestion of Reviewer No. 1, added standard deviations of the Within Appraiser coefficients, and graphed all results in a boxplot format.
--	---	---



SDI Review Form 1.6

	used in general human surgical assessment beyond this limited set of clear cut videos. Possibly unintended bias to show limited bleeding by the stapler, (see #4 above)	
<u>Minor</u> REVISION comments	Overall an interesting assessment method of hemostasis, but the authors should be careful not to overstate its accuracy as a general method to assess bleeding in surgical cases for reasons discussed above. Figure 2 (page 13) is redundant with Table 2, and could be deleted. competing interest -: Please discuss if there is any unintended bias to show limited bleeding by the stapler, (see #4 above)	Per Reviewer No. 1, separated Figure 2 into Between and Within Appraisers. This study was performed to develop a scale for rating bleeding after stapling, but not to evaluate an individual stapler. We hope in future studies to use this method to compare staplers in an unbiased fashion.
<u>Optional/General</u> comments		