



Response to Basic Calculating Errors in Systematic Reviews

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Dear Editors,

Thank you for reviewing our manuscript and providing constructive comments on the results and conclusions met. The authors appreciate the opportunity to respond to some of the criticisms raised by Professor Kayaalp in the commentary entitled “Basic Calculating Errors in Systematic Reviews.”

Since there is a high heterogeneity among studies in this systematic review, such as age, preoperative body mass index, comorbidities, technical skill of surgeon, follow-up time, study design and study quality, a formal meta-analysis or weighted mean calculation is not feasible. That is, it is methodologically unsound to combine heterogeneous parameters. Respectively, the authors preferred to provide qualitative descriptive statistics on each study (i.e. means, percentages, etc.)

The average number of all studies was used as a reference, and in our discussion, a statement was made advising the reader in applying our conclusion and evidence with caution as the overall result might be biased. Furthermore, if baseline characteristics and evidence quality were largely different, even a weighted mean or percentage cannot help

with reducing the bias. For example, should a high quality comparison study with 40 patients “weigh less” than a lower quality comparison study with 100 patients? Should a comparison study with 40 patients “weigh less” than a case series study with 100 patients? Ergo, we believe the weighted calculation would not help to interpret the data and would not reduce the chances of bias in the review. Overall, the most significant value of our review is showing a picture of current available evidence on this particular topic, not the pooled result.

We hope that this adequately addresses the issues raised in the commentary. We would be happy to discuss study construction and outcomes more directly. Overall, we strongly feel that our study contributes knowledge and reviews the best available evidence on the impact of sleeve gastrectomy on hypertension.

Yours sincerely,

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