



Author's Reply: Anxiety, Depression and Quality of Life in Patients with Neuroendocrine Neoplasia After Surgery

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Thank you very much for your valuable remarks on the above-mentioned study and for highlighting the importance of screening for depression and anxiety in the postoperative period of patients with neuroendocrine neoplasia. [1] I completely agree with you that different scales and questionnaires could be used. I do not have any experience with the PHQ-9-scale, and I find the HADS-D scale very easy to handle, both for patients and investigators, so I do use this questionnaire. But any other could be used, depending on the local experience of the department.

In the study population, 37 patients out of 90 had postoperative complications, which is a rate of 41.1%. At the first sight, this seems quite high but is not, as it does include all minor complications like urinary tract infection, pneumonia, etc. too in a patient cohort experiencing mainly major surgical procedures. Only, 3 patients have had a major complication with the necessity of reoperation (primary surgical procedure: 1 × gastrectomy, 1 × ileocecal resection, 1 × pancreatic left resection). So, I think this cohort is too small for correlating with the patient cohort with major complications. But this idea is very valuable

and we should follow it in future studies! In prospective studies, we should use the Dindo–Clavien classification for complications for probably better correlation. Another important aspect to study would be the duration of therapy in the ICU and maybe the duration of hospitalization, too. Possibly, both these factors could influence depressivity and anxiety! Thank you very much again for highlighting the necessity and importance of monitoring depression and anxiety! I hope we can publish these specific issues in the next future!

Reference

1. Begum N, Hunold H, Gerdes B et al (2022) Anxiety, depression and quality of life in patients with neuroendocrine neoplasia after surgery. *World J Surg* 46(6):1408–1419

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