

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Does pre-operative depression and/or serotonin transporter gene polymorphism predict outcome after laparoscopic cholecystectomy?
<b>AUTHORS</b>	Wright, Barry; Alexander, David; Aghahoseini, Assad

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Dr. Samantha Scholtz Imperial College London, UK
<b>REVIEW RETURNED</b>	14-May-2015

<b>GENERAL COMMENTS</b>	This is a well-written paper on a very interesting subject, with results of interest to other areas where psychological support and assessment is used or considered for elective surgery patients. The genetic results rely on what seems to be a small sample size for a genetic study, and although the power calculations suggest the study is sufficiently powered for the primary outcome, this may not be true of the other outcomes. However the authors do discuss this appropriately.
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<b>REVIEWER</b>	Matthew Bowles Plymouth hospitals NHS Trust (Derriford Hospital), UK.
<b>REVIEW RETURNED</b>	29-Aug-2015

<b>GENERAL COMMENTS</b>	Overall a very interesting paper describing a well executed study.  As a surgeon I struggled a bit with things that are probably obvious to a psychiatrist eg. it took me some time to work out that the 8 columns in Figure 3 referred to the eight subscales of SF36. In results, under 'Primary outcome - BDI' it would help if figure 2 was referenced for the pre-op results. There is a bit of a lack of figures showing the positive findings. In general, I think it would be worth adding a few more figures, giving them slightly more descriptive titles (for the benefit of surgeons) and referencing them more extensively in the text.
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### VERSION 1 – AUTHOR RESPONSE

#### **Reviewer one**

*The genetic results rely on what seems to be a small sample size for a genetic study, and although the power calculations suggest the study is sufficiently powered for the primary outcome, this may not be true of the other outcomes. However the authors do discuss this appropriately.*

We agree with this comment and have drawn this to the attention of the reader in the discussion section, where it is listed in the strengths and limitations section.

### **Reviewer Two**

*Overall a very interesting paper describing a well executed study.*

We thank the reviewer for these comments.

*As a surgeon I struggled a bit with things that are probably obvious to a psychiatrist eg. it took me some time to work out that the 8 columns in Figure 3 referred to the eight subscales of SF36.*

We have now added in clear legends to all the figures that clarify exactly what they are.

We have also clarified an error in the figure that it was the SF36 that was used.

*In results, under 'Primary outcome - BDI' it would help if figure 2 was referenced for the pre-op results. There is a bit of a lack of figures showing the positive findings. In general, I think it would be worth adding a few more figures, giving them slightly more descriptive titles (for the benefit of surgeons) and referencing them more extensively in the text.*

We have referenced the pre-op results figure (figure 2) in the text as suggested.

We have added more descriptive titles to the legends for the figures.

At this point we have not added any further figures as there are already 6 figures in the paper and the positive findings indicated in the text through Ancova/logistic regression do not lend themselves to a figure/table.

We have highlighted these changes in yellow for ease of identification.