

October 9, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13845-review.doc).

Title: A meta-analysis of subtotal stomach-preserving pancreaticoduodenectomy versus pylorus preserving pancreaticoduodenectomy

Author: Wei Huang, Jun-Jie Xiong, Mei-Hua Wan, Peter Szatmary, Shameena Bharucha, Ilias Gomatos, Quentin Nunes, Qing Xia, Robert Sutton, Xu-Bao Liu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 13845

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revisions have been made according to the suggestions of the reviewers, the details of which are presented below:

(i) As the reviewer suggested, SSPPD can be indicated in its own right in patients with pancreatic head cancer involving the 2nd portion of the duodenum or the nodal metastasis at the root of the right gastroepiploic vessels. During SSPPD combined resection of the antrum and some part of the greater omentum is required. Therefore, theoretically, operation time may be longer in SSPPD group than in PPPD group. In most of our included studies, the operation time was longer in the SSPPD group, although this difference was not statistically significant.

(ii) Again as suggested by the reviewer, resection of the pyloric complex might be associated with better passage through the gastro-jejunostomy. Our included studies had a lower incidence of DGE in the SSPPD group. The reason was that the pathogenesis of DGE after PPPD is thought to be multifactorial and involve a number of factors such as gastric atony caused by vagotomy; pylorospasm; ischemia of the pylorus ring due to division of the right gastric artery, congestion around the pylorus ring due to division of the left gastric vein and gastric dysrhythmia secondary to other complications such as pancreatic fistula, all of which we have explained in the discussion.

(iii) We have explained the technical differences between a classical Whipple's resection, a PPPD and a SSPPD in the introduction and the discussion.

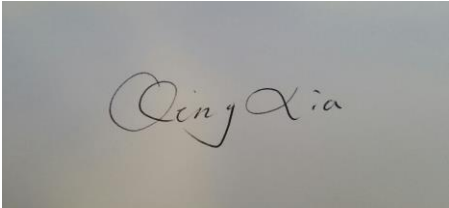
(iv) We thank the reviewer for the comment that our study could be of use in developing decision pathways for the surgical management for patients requiring pancreaticoduodenectomy. Although we

do again stress the concern that most of the included studies were of retrospective design, and we would advocate further prospective trials.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the World Journal of Gastroenterology.

Sincerely yours,

A rectangular box containing a handwritten signature in black ink. The signature appears to be 'Qing Xia' written in a cursive, flowing style.

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