

Cover letter

Dear Dr/ Prof QI:

On behalf of my co-authors, we thank you very much for giving us an opportunity to revise our manuscript, we appreciate editor and reviewers very much for their positive and constructive comments and suggestions on our manuscript entitled “Clinical comparison of antrum-preserving double tract reconstruction versus roux-en-Y reconstruction after gastrectomy for Siewert type II and III adenocarcinoma of the esophagogastric junction”. (Manuscript Number: 17295).

We have studied reviewer's comments carefully and have made revision which marked in the paper. We have tried our best to revise our manuscript according to the comments. Attached please find the revised version, which we would like to submit for your kind consideration.

We would like to express our great appreciation to you and reviewers for comments on our paper. Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

Zi-lin Liu

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SPECIFIC: List of Responses

Dear Editors and Reviewers:

Thanks for your letter and for the reviewers' comments concerning our manuscript (Manuscript Number: 17295). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Comment #1: BMI must be considered among patients' characteristics in table 1 and not as outcome in table 2.

Response: We are very sorry for our incorrect writing BMI in table 2, and we re-edit it in the correct position in table 1 as reviewer recommended.

Comment #2: Speculations concerning survival according to Siewert classification deviates the attention from the core message. The demonstration of similar oncologic performances in the study group is enough.

Response: It is really true as Reviewer suggested that Speculations concerning survival according to Siewert classification that is not conducive to our theme, therefore, we delete this survival outcome to drive a specific evidence presentation.

Comment #3: It is not clear the role of the univariate analysis of overall survival; I suggest to perform a multivariate analysis as completion. However, again, I consider this redundant and dispersive, the main point is that oncologic outcome is not affected by the 2 surgical techniques.

Response: we add a multivariate analysis outcomes on overall survival behind univariate results, and the details are presented in manuscript.

Comment #4: Authors can not conclude "it is worth recommending ADTR as a preferred digestive tract reconstruction method for Siewert type II and III AEG". In fact their data -and their numbers- can at best be considered as "scout" study and at present can only support the need of controlled comparative prospective studies.

Response: Considering the Reviewer's suggestion, we have thought over this comment and accept this sincere suggestion. According to our data, we conclude our procedure as a worthwhile method, rationally.

We have made correction according to the Reviewer's comments.

Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

Zi-lin Liu

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