

Format for ANSWERING REVIEWERS



May 25, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: revised manuscript 18560.doc).

Title: Systematic review of anastomotic complications of esophagojejunostomy after laparoscopic total gastrectomy

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 18560

1. Abstract was changed according to BPG's revision policies for systematic reviews.
2. The manuscript has been improved according to the suggestions of reviewers. The revised parts were underlined in this manuscript.

Response to reviewer 03254314

- (1) Two statistical texts (page 10) shown in Figure 1A and 1B were removed. The numbers of anastomotic complication shown in Table 3 were also removed (page 11).
- (2) We arranged this manuscript in order of the following sections; Introduction, Material and Method, Result, and Discussion. Therefore, several sentences were added in the Material and Method section (page 6, and 7). Conclusion was added in the last portion of the Discussion section (page 14).
- (3) The sentence in the Discussion section was moved into the Material and Methods (page 7).

Response to reviewer 03262140

- (1) In many studies, anastomotic complication was not graded based on standardized assessment such as Clavien-Dindo classification. Therefore, it was unclear whether endoscopic dilation or reoperation was performed in all patients diagnosed as EJS stenosis. We changed the sentence in the Discussion section (page 12).
- (2) FETEA after LTG was reported in 2002 at first (Matsui H et al, Am J Surg). STSA was started in 2004 in Inaba's report (Reference No.70). However, these techniques were not so popular. For many laparoscopic surgeons, Orvil was not newer method than linear stapler method. Therefore, we searched the other reasons of high incidence of anastomotic stenosis in OrVil method. As another investigator insisted, one reason of might be DST/HDST procedure, because it could cause excessive tension at the anastomotic site, or focal ischemia at the site where two staple lines overlapped. Another reason would be use of circular staplers with smaller size (21mm) to pass the anvil head of OrVil easily through esophagus entrance. In the study of Orvil with highest incidence of stenosis, use of 21mm circular stapler significantly increased the stenosis (Reference No.25). In OTG, 21mm stapler was a significant risk factor of anastomotic stenosis. However, several studies of using OrvilTM showed favorable results. Anastomotic complications might be closely associated with learning curves of surgeons [25]. Therefore, they will probably decrease in any methods as surgeons acquire more experience and improve their technical skills in performing EJS. We revised the Discussion section (page 13-14).

3. No. 26 reference was added, and the numbers of other references were changed.
4. The following sentence was added in the Material and Method section (page 8): Several studies partly included a style of comparing study, such as comparison between LTG versus LPG, or comparison of procedures of EJS.
5. The name of our affiliation has been just changed (page 1).

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

Sincerely yours,

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