

ANSWERING REVIEWERS



February 22, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2089-review.doc).

Title: Duct-to-duct biliary reconstruction after radical resection of Bismuth IIIa hilar cholangiocarcinoma

Author: Wen-guang Wu, Jun Gu, Ping Dong, Jian-hua Lu, Mao-lan Li, Xiang-song Wu, Jia-hua Yang, Lin Zhang, Qi-chen Ding, Hao Weng, Qian Ding, Ying-bin Liu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 2089

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Reviewer #1:

1. How wide was the tumor-free margin of the left duct?

Author: The tumor-free margin of the left duct is about 5mm in final postoperative pathology.

2. Was there any lymph node metastasis? What was the TNM stage?

Author: Thank you for your accurate understanding. Whether regional lymph node metastasis or not is the most important part for surgical management. The precise postoperative pathology description has been applied to our revision letter. No regional lymph node metastasis has been found in total 19 dissected nodes and its American Joint Commission on Cancer staging is T2N0M0. Thank you.

(2) Reviewer #2:

1. Authors should show indications for the present method, including Bismuth types, TMN, or anatomical variations.

Author: This is the main goal for us to report for this case, but the precise candidates for duct-to-duct anastomosis after radical resection of hilar cholangiocarcinoma are difficult to be defined. This candidate is Bismuth IIIa hilar cholangiocarcinoma (T2N0M0) in postoperative pathology description. It still needs further cases and experience accumulation to answer this question.

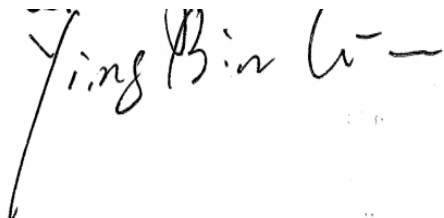
2. Authors should precisely describe the whole extent of lymphadenectomy. Were LNs behind the pancreatic head (No. 13a) or LNs around the left hepatic duct (No. 12h) dissected? To preserve the blood supply to the hepatic and common ducts, these LNs should be dissected. Authors should discuss about the extent of lymphadenectomy

Author: Thank you for your good suggestion. The excellent description has been applied to our revision letter. The lymph node groups resected en bloc included the anterior pancreaticoduodenal lymph nodes (lymph node station 17 in the Japanese system), the posterior pancreaticoduodenal lymph nodes (station 13), nodes in hepatoduodenal ligament (station 12a, 12b and 12c), nodes along the common hepatic artery (station 8a), and the superior pyloric node (stations 5). Thank you.

3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink, reading "Ying Bin Liu" in a cursive style, followed by a horizontal line.

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