

May 09, 2013

Dear Editor,



**Title:** Rational lymph nodes dissection and assessment impact of gallbladder

**Author:** Gui-jie Liu, Xue-hua Li, Yan-xin Chen, Hui-dong Sun, Gui-mei Zhao, San-yuan Hu

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 2837

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) A radical resection was defined as removing both the primary tumor and the regional lymph nodes of the gallbladder. Eight patients with early pT stages (Tis or T1) were excluded due to their resection of only simple cholecystectomy without lymphadenectomy (these patients only treated with cholecystectomy, not in this group). Eleven patients were excluded due to incomplete clinicopathologic data or follow-up loss. As a result, 78 patients were retrospectively reviewed. In these 78 patients, there are eight patients with early pT stages (Tis or T1), and they also treated with lymphadenectomy, so they were included in this group.

(2) The M1 stage was in 4 patients (1 at the visceral peritoneum and 3 liver metastasis). The patient with visceral peritoneum metastasis was not a tumor invasion to the near peritoneum, but an isolated nodule resected during operation. The 3 liver metastasis patients were also not direct invasion of the local liver parenchyma, but diagnosed after operation at the hemihepatectomy liver parenchyma.

(3) The primary tumor was pT0-T2 in 20 patients, pT3 in 44 patients and pT4 in 14 patients presented in the results, and the classification of TNM staging was stage 0-II in 15 patients, stage III in 43 patients and stage IV in 20 patients shown in the results and Table 4. The data was rechecked and re-evaluated, and these were all correct.

(4) The data of survival in detail was added in the article.

(5) The metastatic to examined lymph nodes ratio (LNR) was the ratio of the positive lymph nodes count (PLNC) and the total lymph node count (TLNC).

(6)As you said, 'this study cohort' was not appropriated, so I corrected them in the article.

(7) In this article, a radical resection was defined as removing both the primary tumor and the regional lymph nodes of the gallbladder. In this group, 1 patient with pTis stage and 7 patients with pT1 stage treated both with removing the gallbladder and resection of the regional lymph nodes, so they are defined as radical resection. And after the resection of the regional lymph nodes, one pT1 stage patient had a positive lymph node at the cystic duct.

(8) The title of this article had corrected.

(9)The number of the two station nodes had corrected.

(10)In this study, only 25(32.1%) patients with gallstone. The data was rechecked and re-evaluated, and these were all correct.

(11) 'Other' in the radical resection of gallbladder carcinoma means resection part of the other organs except pancreaticoduodenectomy or hepatopancreaticoduodenectomy, such as part of the colon, gastric antrum, isolated metastasis nodule at the visceral peritoneum, etc.

(12) The other histological types except of adenocarcinoma of gallbladder carcinoma in this study include: squamous cell carcinoma(1 case), adenosquamous carcinoma(4 cases), small cell carcinoma(2

cases), undifferentiated carcinoma(1 case), sarcomatoid carcinoma(1 case).

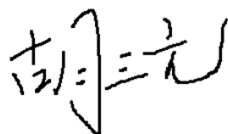
(13) 'adequate lymphadenectomy is indispensable for improving the prognosis after radical resection', here 'adequate' means adequate number and adequate extent.

(14)I am very interested in minimally invasive approaches or robotic surgery to treat gallbladder cancer, but I think it is not so much indispensable to mention these topics in this article.

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, appearing to be 'Hu San-yuan'.

San-yuan Hu, MD, PhD

Department of General Surgery

Qilu Hospital, Shandong University

Jinan

250012, China

E-mail: zjulgj@163.com