

Ya-Juan Ma
Science Editor
World Journal of Gastroenterology

Dear Editor:

Thank you very much for having considered our manuscript “**Predictive factors for body weight loss and its impact on quality of life following gastrectomy**” (ESPS manuscript NO: 33491), by Tanabe and colleagues. We are very happy to have received a positive evaluation, and we would like to express our appreciation to you and both Reviewers for the thoughtful comments and helpful suggestions. Reviewer #2 (Reviewer’s code: 02441611) raised several concerns, which we have carefully considered and made every effort to address. We fundamentally agree with all the comments made by the Reviewers, and we have incorporated corresponding revisions into the manuscript (version R1).

Our detailed, point-by-point responses to the editorial and reviewer comments are given below, whereas the corresponding revisions are marked in colored text in the manuscript file (version R1). Specifically, red text indicates changes made in response to the suggestions of Reviewer #2, blue text indicates changes made according to Editor’s suggestions, and green text indicates changes made to clarify the context of certain decisions or findings. Additionally, we have carefully revised the manuscript to ensure that the text is optimally phrased and free from typographical and grammatical errors.

We believe that our manuscript has been considerably improved as a result of these revisions, and hope that our revised manuscript “**Predictive factors for body weight loss and its impact on quality of life following gastrectomy**” is acceptable for publication in the *World Journal of Gastroenterology*.

We would like to thank you once again for your consideration of our work and inviting us to submit the revised manuscript. We look forward to hearing from you.

Best regards,

Kazuaki Tanabe

Department of Gastroenterological Surgery, Hiroshima University Hospital
1-2-3, Kasumi, Minami-ku, Hiroshima, Japan
Phone: +81-82-257-5222
Fax: +81-82-257-5224
E-mail: ktanabe2@hiroshima-u.ac.jp

POINT-BY-POINT RESPONSES TO EDITORIAL AND REVIEWER COMMENTS

Reviewer #2 (Reviewer's code: 02441611)

COMMENTS TO AUTHORS

The article has some new ideas. But there is still insufficient such as not including patients during expansive growth stages of gastric cancer, QOL measures only at a single point in time postoperatively. So the results are biased and cannot effectively reflect the body weight change of patients before and after operation. Because all patients were in Stage I gastric cancer and most Stage I gastric cancers can be excised by ESD, the article is narrow scope of application.

Response: We thank the reviewer for these pertinent comments. We agree that the composition of the study sample and the time point for the measurements represent important aspects that should be clarified. First, per the reviewer's comment, we have mentioned as a limitation of the study the fact that QOL measurements were performed only at a single time point (i.e., after surgery). This change was included in the last paragraph of the revised Discussion section (page 14, lines 252-253, text in red color). Second, while we agree that the selection of study participants was biased (i.e., it was limited to Stage I gastric cancer), we do not believe that this entails a narrow scope of application of our study. Specifically, while the number of Stage I patients who receive ESD has indeed been increasing during recent years, many Stage I patients are not indicated for ESD. In fact, the standard indication for ESD according to the Japanese gastric cancer treatment guidelines (Gastric Cancer, 2017) is quite specific: cT1a(M), differentiated, ≤ 2 cm, no ulceration. Therefore, although the indication for ESD is gradually expanding, many Japanese patients in Stage I continue to be indicated for gastrectomy. Our choice for enrolling only patients with Stage I gastric cancer was also motivated by our wish to exclude the influence of elements other than operation procedures, such as tumor progression and chemotherapy, which may influence body weight after surgery. Motivated by the reviewer's comment, we expanded the revised Discussion section to include an explanation as to why we focused on Stage I patients, and what implications this choice has on the scope of application of our findings (page 12, lines 208-212, text in red color).

Editorial comments

Comment 1: *Please provide language a certificate letter from a professional English language editing company (Classification of the manuscript language quality evaluation is B).*

Response: We had our manuscript professionally edited to ensure that the text is optimally phrased and free from typographical and grammatical errors. Per your instructions, we attach the language editing certificate from Exordium.

Comment 2: *Retrospective Cohort Study*

Response: We apologize for originally choosing the wrong manuscript type. In fact, our study was observational, and thus the correct manuscript type is "Observational Study," which we have indicated in blue at the top of the title page. I mailed the Journal's editorial office in this regard, and

the manuscript type was changed to “Observational Study” on March 23. Therefore, the rest of our responses follow the guidelines for “Observational Study”.

Comment 3: *Please add the city and postcode.*

Response: As you suggested, we have ensured that all author affiliations contain the city and postcode (pages 1-2, lines 12, 14, 16, 17, 19, 21, 23, 24, 26, and 28; text in blue color). We also have also corrected the names of a few institutes and departments (page 2, lines 19, 20, and 24; text in green color).

Comment 4: *The format of this section should be like this:*

Author contributions: Wang CL and Liang L contributed equally to this work; Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed research; Wang CL, Zou CC, Hong F and Wu XM performed research; Xue Jz and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L and Fu JF analyzed data; and Wang CL, Liang L and Fu JF wrote the paper.

Response: We have revised the section on author contributions per your suggestion (page 2, lines 30-33; text in blue color).

Comment 5: *Institutional review board statement:*

Informed consent statement:

Conflict-of-interest statement:

Data sharing statement:

Please add these content, which must be provided, otherwise the manuscript will be unaccepted finally.

Response: We have included the above-mentioned sections, as you suggested (pages 2-3, lines 34-37, 41-44; text in blue color). Because this study was observational, we also added the “Clinical trial registration statement” (page 3, lines 38-40; text in green color).

Comment 6: *An informative, structured abstract of no less than 246 words should accompany each original article. The Abstract will be structured into the following sections and adhering to the word count thresholds indicated in parentheses:*

AIM (no more than 20 words): The purpose of the study should be stated clearly and with no or minimal background information, following the format of: “To investigate/study/determine...”

METHODS (no less than 80 words): You should present the materials and methods used for all of the data presented in the proceeding Results section of the abstract.

RESULTS (no less than 120 words): You should present P values where appropriate. You must provide relevant data to illustrate how the statistical values were obtained, e.g. 6.92 ± 3.86 vs 3.61 ± 1.67 , $P < 0.001$.

CONCLUSION (no more than 26 words): You should present your findings and implications that are within the scope of the data you have presented in the preceding Results section. The conclusion should be written in the present tense.

Response: We have revised the Abstract to conform to the indicated guidelines (page 4-5, lines 59-83; text in blue color). For clarity, we also included the word counts (page 4, line 60 and 70; page 5, lines 81 and 83; text in green color).

Comment 7: Please write a summary of no more than 100 words to present the core content of your manuscript, highlighting the most innovative and important findings and/or arguments. The purpose of the Core Tip is to attract readers' interest for reading the full version of your article and increasing the impact of your article in your field of study. Please read the core tip then provide the audio core tip:

Acceptable file formats: .mp3, .wav, or .aiff

Maximum file size: 10 MB

To achieve the best quality, don't allow to have the noise.

Response: We have added the "Core tip," per your instructions (page 5, lines 85-93; text in blue color). We also created the "audio core tip".

Comment 8: COMMENTS

Background

To concisely and accurately summarize the related background of the article and to enable the readers to gain some basic knowledge relevant to the article, thus helping them better understand the significance of the article.

Research frontiers

To briefly introduce the hotspots or important areas in the research field related to the article.

Innovations and breakthroughs

To summarize and emphasize the differences, particularly the advances, achievements, innovations and breakthroughs, from the other related or similar articles so as to allow the readers to catch up the major points of the article.

Applications

To summarize the actual application values, the implications for further application and modification, or the perspectives of future application of the article.

Terminology

To concisely and accurately describe, define or explain the specific, unique terms that are not familiar to majority of the readers, but are essential for the readers to understand the article.

Peer- review

To provide the comments from peer reviewers that most represent the characteristics, values and significance of the article, and allow the readers to have an objective point of view toward the article.

Response: As you requested, we have added the section with highlights (pages 16-17, lines 269-297; text in blue color).

Lastly, I deleted "Japan Postgastrectomy Syndrome Working Party" from author's list, because it is not the author's name (pages 1, lines 9).