

ANSWER TO THE REVIEWERS

Dear reviewers:

Thank you very much for your valuable and professional suggestions for our manuscript. We have made revisions according to your comments, and answer your questions below:

Reviewer 05234887: Why do the authors mention the comparison of China and other countries in the first sentence of introduction? Are the author trying to focus on Chinese studies? It would be interesting to do subgroup analysis china vs non china studies.

Answer: The purpose of this systematic and meta-analysis is to determine the safety and efficacy of early oral feeding in postoperative patients with upper gastrointestinal tumor. China has a 30% and 40% higher mortality of cancer than the UK and USA, respectively, and 36.4% of the cancer-related deaths are from upper gastrointestinal tract cancers (stomach, liver, and esophagus), with poor prognosis. This is merely to describe the background to the incidence of cancers both in China and other countries.

Following your suggestions, we did a subgroup analysis of China and non-China studies. The results showed that the incidence of postoperative pneumonia, length of hospital stay and postoperative exhaust time in the Chinese studies were basically consistent with those of other countries. Surprisingly, in comparison of postoperative total complications and anastomotic fistula, the results in China and non-China studies seem to be different. This may be related to the design of the trial or the small number of non-China studies included. However, the results still need to be verified by larger multi-center or even global RCTs. The results showed in Supplemental Figure 1 and Supplemental Figure 2.

Reviewer 05234887: Results of postoperative exhaust time, and sensitivity study:

how many and which studies did you eliminate? Please add those data specifically in the result part.

Answer: Thank you very much for your suggestions. The results of our sensitivity analysis are shown in Supplemental Figure 3. It can be seen that removing any one of the included studies showed no significant impact on the results. Therefore, although there is significant heterogeneity, we believe that the results are reliable. However, when we removed the studies that did not report the mean and standard deviation and the studies with higher-risk bias (Table 3), the results of the remaining studies showed no significant heterogeneity.

Reviewer 05234887: No sensitivity analysis for length of hospital stay even though it showed significant heterogeneity.

Answer: In fact, we had performed a sensitivity analysis of the length of hospital stay, but did not include it in the submitted copy. We have added it to Supplemental Figure 3 of the revised copy. It can be seen that eliminating any one of the studies from the included studies had no significant influence on the results. Therefore, although there is significant heterogeneity, the results are reliable.

Reviewer 05234887: Interesting that the authors include immune function post operation as an outcome. Would suggest the authors to perform the subgroup analysis on gastric cancer study.

Answer: We gave up this analysis because most of the included studies did not report surgical methods. We will obtain more detailed and comprehensive data and analyze them in our future research.

However, we did perform an analysis based on the situation in our hospital

and found that patients after radical total gastrectomy seem to be more suitable for EOF, but this requires validation by multi-center RCTs.

I hope our modified version will meet your standard of publication.

Sincerely,

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