

Dear editors and reviewers:

Thank you for arranging a timely review of our manuscript. We have carefully evaluated the reviewers' critical comments and thoughtful suggestions, responded to these suggestions point-by-point, and revised the manuscript accordingly.

Comments from Reviewer#1:

Specific Comments to Authors: At present, the selection of stapler and digestive tract reconstruction plan is increasing in clinical practice. In this paper, the author further discusses the application effect of different reconstruction plans in radical gastrectomy of distal gastric cancer by combining examples. This prospective study shows that the first feeding time, first exhaust time, and postoperative hospital stay were lower in linear stapler than in round stapler, indicating that the postoperative gastrointestinal function recovers faster after linear stapling. However, they also found that Billroth-I and Billroth-II have similar effects on the long-term life quality of patients after surgery. Therefore, the optimal plan can be selected according to the individual situation and postoperative convenience. The manuscript is very interesting and useful. I have only a minor point to discuss. Is it possible to interchange the horizontal and vertical titles in the tables? This might make it more comprehensible for

the readers. I recommend that the manuscript can be published after polishing the English.

Response: Thanks for the reviewer's suggestion. We have interchanged the horizontal and vertical titles to make it more comprehensible for the readers and the manuscript has been polished

Reviewer #2:

Specific Comments to Authors: We reviewed with interest the manuscript "Optimal choice of stapler and digestive tract reconstruction in distal gastrectomy". In fact it's an interesting work and has clinical implication, Conclusion was that it's both secure and achievable to use linear or circular stapler for digestive tract reconstruction in radical gastrectomy for distal gastric cancer, but the use of linear stapler has greater advantages in postoperative recovery, which provides a potential and effective strategy for the treatment of gastric cancer. Comments/suggestions: 1. Title and key words - well chosen. 2-The abstract summarized and reflect the described in the manuscript. 3. Introduction contains the most important data to support the importance of the study. 4. Material and methods - the paragraphs are generally well structured and explained. 5. Results section is well and clearly presented with pertinent statistics. 6. Discussion paragraph could be expanded to underline the clinical application of this study and the potential limitations. Also, directions for future research

could be discussed. 7. Good quality of the Tables. But I recommend that it be readjusted that F/χ^2 is not necessary in the table and makes little sense.

8. References –appropriate, latest, and important.

Response: Thank you for pointing those out. At the end of the discussion part, we discussed the clinical application and the limitations of our study.

Moreover, the F/χ^2 is deleted in our manuscript tables. Lastly, all the references were updated.

Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Response: Thank you very much for this comment.

Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the

editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information.

Response: Thanks for your thoughtful comments. Based on your comments, The three-line tables have been supplemented and the article highlights were added to the latest cutting-edge research results. According to your suggestion, the RCA database is a very excellent retrieval system with high accuracy, which help us for searching the relative literature efficiently.

Best regards,

Zhigang Zhou