

October 15, 2018

Attention to: World Journal of Clinical Cases

Dear Professor Dennis A Bloomfield and Professor Sandro Vento

Manuscript ID: 41524

Title: Feasibility of laparoscopic total gastrectomy in overweight patients: implications of less impact of overweight on laparoscopic versus open approach

First of all, I would like to express hereby my sincere gratitude to the Editor and all the reviewers who shared their time and contributed to reviewing our article and giving us instructive comments to make it more sophisticated. Also we appreciate the opportunity to allow us to resubmit the article to WJCC.

We considered each question carefully, and made our answers to them. Please kindly find our responses as itemized below.

(Also I have created two revised manuscript versions in the revised files. file 1 contains all the corrections (highlighted) that we have made. We uploaded it in Supplementary material. File 2 is the final version which was uploaded as a revised manuscripts.)

As the comments from the reviewers, the term “obesity” is not suitable for the present study. Thus we applied the term “overweight” including the title. Please kindly refer to the modification we made.

Comments from the Reviewers:

Reviewer: 1

This well-written manuscript aim to evaluate the safety and oncological feasibility of Laparoscopic total gastrectomy in obese patients. Generally, I agree with the study design, data recruitment, and method of analysis in this article. Obesity" is a problem because it is defined differently around the world. However, obese should be defined as BMI \geq 30 kg/m², according to the World Health Organization (WHO) standard.

→We appreciate the productive comments the reviewer gave us. In Japan, BMI 25 or more is regarded as obesity in the routine check-up, but as the reviewer pointed out, WHO defines obesity as BMI 30 or more. Thus “obesity” is not a suitable term for the present study. “Overweight” is more appropriate. We changed “obesity” to

“overweight” including the title. Please kindly refer to them in the article.

Reviewer: 2

1. Please explain reason to define obese group as over BMI 25. 2. were there GE junction cancer in this study? Please state about that. 3. Laparoscopic total gastrectomy might be difficult technically. In materials and method, data about operation period were collected. Please describe that whether there was any difference between early and late period in surgical outcome.

→ Thank you very much for the insightful comments.

1. Usually BMI 25 is the definition of obesity in Japan including JASSO (Japan Society for the Study of Obesity). However, as the other reviewer pointed out obesity is defined as BMI 30 or more according to the WHO standard. We realized the term “obesity” in the present article is confusing for the readers. Thus we changed the term “obesity” to “overweight” in the article. Please kindly refer to them.
2. In the present study, there were four cases of stomach cancer invading to esophagus, but there was no GE junction cancer.
3. This point is quite intriguing. In the LTG group, there were more advanced and lymph node positive cases and consequently more D2 lymph node dissection in late period. Operation time was longer in the late period (Median 314 min vs 416 min, $p=0.001$), but intraoperative blood loss was comparable (Median 179 ml vs 218ml, $p=0.461$). Morbidity rate was lower in late period (33% vs 14 %, $p=0.042$) although severe complication rates (CD grade III or greater) were comparable (10% vs 8%, $p=0.530$) between the groups. Postoperative hospital stay was shorter in late period (Median 10 days vs 9 days $p=0.002$).

These results above imply that more difficult cases were performed in the late period, but morbidity rate was lower and postoperative hospital stay became shorter. This is probably due to the improvement in surgical procedure.

We did not add these data above in the article because these are not the main points of the study, but if the reviewers recommend us to do so, we have no objection about it.

Once again, thank you very much for sharing your time and your kind devotion to our article. Now we believe our article has become more sophisticated and organized after revision.

We are sincerely looking forward to hearing from you again.

Sincerely yours,

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