

## ANSWERING REVIEWERS

Nov 9, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14527-review.doc).

**Title:** Continuous suture of pancreatic stump and Braun enteroenterostomy in pancreaticoduodenectomy

**Author:** Hong-Bo Meng, Bo Zhou, Fan Wu, Jie Xu, Zhen-Shun Song, Jian Gong, Mahbuba Khondaker, Bin Xu

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

**ESPS Manuscript NO:** 14527

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) Reviewed by 00068702

Comments To Authors

This well designed study showed that the modified operative technique can decrease the incidence rate of postoperative complications of PD. There were several writing mistakes that the authors should pay attentions. I list two of them. I recommend this manuscript to be published on WJG after minor revision.

1. The authors should state their conclusion by brief sentences with strong evidences from the study directly at the end of the manuscript. 2. It seems that reference 1 and 2 are repetitious, the reference label in the manuscript must be of confusion.

**Answer:**

**Thank you for your good suggestions. The manuscript has been updated, and writing mistakes in this manuscript has been corrected. Our conclusion by brief sentences was stated at the end of the manuscript(Page.16). The reference labeled in this manuscript has been re-confirmed and updated.**

(2) Manuscript Number 14527

Comments To Authors

The authors of this manuscript compared the pancreaticoduodenectomy with a mesh-like running suturing for pancreatic remnant and Braun's enteroenterostomy (Technique A) and standard pancreaticoduodenectomy (technique B) in patients receiving pancreaticoduodenectomy. The results showed that Technique A was independently associated with reduced clinically relevant postoperative pancreatic fistula (CR-POPF) and delayed gastric emptying (CR-DGE) although it had a longer operating time and mean time of pancreatic anastomosis in comparison with technique B. Concerns: 1. The study has a single center and retrospective nature and this may affect the representativeness of the findings. 2. Some descriptions need to be modified more clearly. For instance, "Technique A (PD with a mesh-like running suturing of pancreatic remnant and Braun's enteroenterostomy) was an independent risk factor for CR-POPF and CR-DGE, with an odd ratio of 0.266(95%CI: 0.109-0.654, P=0.004) for CR-POPF and 0.073 (95%CI: 0.010-0.578, P=0.013) for CR-DGE, respectively." I suggest: "Technique A (PD with a mesh-like running suturing of pancreatic remnant and Braun's enteroenterostomy) was independently associated with decreased CR-POPF and CR-DGE, with an odd ratio of 0.266 (95%CI: 0.109-0.654, P=0.004) for CR-POPF and 0.073 (95%CI: 0.010-0.578, P=0.013) for CR-DGE, respectively." 3. Table 2, the authors need to be specific about the Histopathological diagnosis of "Others". 4. What is "Approximate demographic data" meant?

**Answer:**

**The manuscript has been updated according to your suggestions.**

Concerns: 1. The study has a single center and retrospective nature and this may affect the representativeness of the findings.

**Answer:**

**It is right and we agree with you. We also realized that the results might be affected by the nature of**

**our retrospective study, so further RCTs are advocated, which was stated at the end of this paper(page 16).**

Concerns: 2. Some descriptions need to be modified more clearly. For instance, "Technique A (PD with a mesh-like running suturing of pancreatic remnant and Braun's enteroenterostomy) was an independent risk factor for CR-POPF and CR-DGE, with an odd ratio of 0.266(95%CI: 0.109-0.654, P=0.004) for CR-POPF and 0.073 (95%CI: 0.010-0.578, P=0.013) for CR-DGE, respectively." I suggest: "Technique A (PD with a mesh-like running suturing of pancreatic remnant and Braun's enteroenterostomy) was independently associated with decreased CR-POPF and CR-DGE, with an odd ratio of 0.266 (95%CI: 0.109-0.654, P=0.004) for CR-POPF and 0.073 (95%CI: 0.010-0.578, P=0.013) for CR-DGE, respectively."

**Answer:**

**It has been changed according to your suggestion(Page 3). Thanks!**

Concerns: 3. Table 2, the authors need to be specific about the Histopathological diagnosis of "Others".

**Answer:**

**Table.2 has been changed according to your suggestions.**

Concerns: 4. What is "Approximate demographic data" meant?

**Answer:**

**Sorry for confusing you because of our un-clear expression. It means demographic characteristics between the two groups were comparable(Page 10). It has been changed.**

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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