

## Format for ANSWERING REVIEWERS

May 25, 2015

Dear Editors,



Please find enclosed the edited manuscript in Word format (file name: 17635-review.doc).

**Title:** Laparoscopic gastric bypass versus sleeve gastrectomy in obese Korean patients

**Author:** Ji Yeon Park, Yong Jin Kim

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

**ESPS Manuscript NO:** 17635

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.

The authors present a head-to-head comparison of laparoscopic sleeve gastrectomy and laparoscopic roux-en-y gastric bypass procedure as performed at a single Korean center. They performed a retrospective analysis of prospectively collected data. Overall the manuscript is well organized and very well written. The authors are to be commended for their work. I have a few questions and concerns.

(1) I was concerned about the number of patients with clinically significant GERD who received a LSG in your study. We also find that LSG often exacerbates symptoms in these patients and we counsel these patients to get a RYGB instead. I think that you handled this point very well within the discussion.

→ As described in the discussion section, the incidence of GERD after LSG is quite high estimated at approximately 20%. Although GERD associated with morbid obesity itself seems to improve along with the weight loss after LSG, a considerable number of patients experienced symptoms of de novo GERD which required treatment with PPI for quite a long period. Some of these patients complained of intolerable reflux symptoms at the instance they discontinued the PPI medication and revealed to have histopathologic change, i.e. prominent erosion, at lower esophagus requiring conversion to LRYGB. From this point of view, we strongly recommend LRYGB rather than LSG to the patients with preoperative GERD at endoscopic evaluation.

(2) I was surprised that a student's T-test was used for all continuous variables. At your sample size, one would expect to be able to detect deviations from a normal distribution. Many clinical variables are non-parametric. Length of stay, for example, is almost certainly not normally distributed. These details are important because the T-test assumes a normal distribution and can be overly sensitive when variables do not meet this assumption. I would suggest taking another look at these variables and considering a non-parametric test if the data does not fit the underlying assumptions of the test.

→ All the continuous variables were re-analyzed to verify whether they showed a normal distribution. Most of the variables did not meet the assumed premise of a normal distribution and, therefore, the data were analyzed with non-parametric method using Mann-Whitney U test. The main results and contexts, however, were not changed much despite the application of different statistical method. The manuscript was revised accordingly.

(3) Non-parametric continuous data is best listed as median with interquartile range. Median (IQR).

→ Medians with interquartile ranges were adopted in the manuscript for the continuous variables after using non-parametric statistical method, as we've answered in the prior comments.

(4) Do you know what percentage of patients were smokers? If so, how does this relate to proportion of patients with a clinically verified marginal ulcer?

→ In the current study cohort, 20.4% of the patients who underwent RYGB were smokers preoperatively. According to the subgroup analysis within RYGB group, the preoperative smoking was not significantly related to the incidence of clinical marginal ulcers ( $p=0.985$ , Chi-square test). Smokers undergoing RYGB are seriously urged to quit smoking before the surgery due to the risk of marginal ulcer and only a few of them remained smoking after the surgery. Furthermore, the data on the postoperative smoking status was not sufficient to evaluate the relation between the postoperative smoking and the marginal ulcer development. We assume that smoking after gastric bypass surgery would definitely increase the risk of the marginal ulcers as many previous studies have demonstrated.

(5) Is your hospital a tertiary care center? If so this should be listed.

→ Yes. Our hospital is a tertiary care center and it is disclosed in the method section, as the reviewer has recommended.

3 References and typesetting were corrected

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

Sincerely yours,

Yong Jin Kim, MD, PhD

Department of Surgery, Soonchunhyang University Hospital,

59, Daesagwan-ro, Yongsan-gu, Seoul,

140-743, Republic of Korea.

Phone: +82-2-709-9479

Fax: +82-2-795-1687

E-mail: yjgs1997@gmail.com