

## ANSWERING REVIEWERS



May 23, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2983-review.doc).

**Title:** Systematic review and meta-analysis of laparoscopy-assisted and open total gastrectomy for gastric cancer

**Authors:** Ke Chen, Xiao-Wu Xu, Ren-Chao Zhang, Yu Pan, Di Wu, Yi-Ping Mou

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

**ESPS Manuscript No:** 2983

The manuscript has been improved according to the suggestions of reviewers:

**1 Format has been updated.**

**2 Revisions have been made according to the suggestions of the reviewers**

Comments from the reviewer: This meta-analysis is predominantly case-comparison trials (mainly retrospective) and as such incorporates both the selection bias of the included trials and the heterogeneity of the data associated with these sorts of trials even with the best statistical methods of weighing the data it still exposes the biases of the included trials. Could the authors highlight this clearer within the manuscript, perhaps in Figure 1 they could consider adding a column highlighting the level of clinical evidence (Oxford, UK) as is assigned to each of the papers included.

Answer from the authors: As is mentioned in the paper, RCTs are the most ideal tools for meta-analysis. However, no RCTs on LATG have yet been conducted due to the fact that LATG is technically demanding and the incidence of upper gastric carcinoma is relatively low in East Asia. Because all included studies are observational trials, there is no selection bias in our article. However, most of the published studies were retrospective, the sample sizes were relatively small and the results exhibited heterogeneity. Therefore, our results should be subject to verification by strictly designed, large-sample, multi-center, RCTs. The grading of the Centre of Evidence-Based Medicine (CEBM, Oxford, UK) is a common used method for clinic trials, which, in brief, assigns level 1 to RCTs, level 2 to cohort studies, level 3 to case-control studies, level 4 to case series or poor quality observational study and level 5 to expert opinion. The details could be find in the main page of its website: <http://www.cebm.net>.

As you suggested, we have added a column for the included studies` level of evidence in Table 1 of the paper.

**3 References and typesetting were corrected**

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

Sincerely yours,

A handwritten signature in black ink that reads "Yiping Mou". The signature is written in a cursive style and is placed on a light blue rectangular background.

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