

## Format for ANSWERING REVIEWERS



March 21, 2017

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 31813-review.doc).

**Title:** Curative effect of jejunum-later-cut overlap method

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

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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

Please summarize the characteristic, benefit and demerit in methods of different esophagojejunostomy anastomosis in a table. This allows the readers to realize the difference among them.

**Response :** We have summarize the characteristic, benefit and demerit of different esophagojejunostomy anastomosis in *Method*(table1).

**Table1.** characteristic, benefit and demerit of different esophagojejunostomy anastomosis

Anastomosis surgeon	Characteristic	Benefit	Demerit
Uyama [1]	1) The anastomosis line is vertical with esophageal long axis. 2) Jejunum is located in the right side of the esophagus.	Anastomotic is large enough	The number of anastomosis linear stapler is much
Matsui[2]	1) Completed the anastomosis before severed esophagus. 2) Close the stoma and resecting specimens at the same time. 3) Jejunum is located in the right side of the esophagus.	The number of anastomosis linear stapler is reduce	Probably happen dysphagia 6 months after operation
Lee[3]	1) Suture esophagus, jejunum and right angle of diaphragm after	Reduce the incidence of esophageal hiatal	Increase the operation time.

	anastomosis 2) Jejunum is located in the right side of the esophagus.	hernia and anastomotic fistula.	
Okabe[4]	1) Before anastomosis, the specimen was removed. 2) Jejunum is located in the left side of the esophagus.	The size of anastomotic stoma is bigger	The technique is difficult.
Inaba[5]	1) overlap anastomosis 2) dividing the jejunum before anastomosis	Isoperistaltic meets the physiological	The jejunum is free and difficult for anastomosis
Matsui[6]	1) overlap anastomosis 2) dividing the esophagus after anastomosis	Isoperistaltic meets the physiological	The jejunum is free and difficult for anastomosis

[1] Uyama I, Sugioka A, Fujita J, et al. Laparoscopic total gastrectomy with distal pancreatectomy and D2 lymphadenectomy for advanced gastric cancer[J]. Gastric Cancer, 1999, 2(4): 230-234

[2] Matsui H, Uyama I, Sugioka A, et al. Linear stapling forms improved anastomoses during esophagojejunostomy after a total gastrectomy[J]. Am J Surg, 2002, 184(1): 58-60.

[3] Lee IS, Kim TH, Kim KC, et al. Modified techniques and early outcomes of totally laparoscopic total gastrectomy with side-to-side esophagojejunostomy[J]. J Laparoendosc Adv Surg Tech A, 2012, 22(9): 876-880.

[4] Okabe H, Obama K, Tanaka E, et al. Intracorporeal esophagojejunal anastomosis after laparoscopic total gastrectomy for patients with gastric cancer[J]. Surg Endosc, 2009, 23(9): 2167-2171.

[5] Inaba K, Satoh S, Ishida Y, et al. Overlap method: novel intracorporeal esophagojejunostomy after laparoscopic total gastrectomy[J]. J Am Coll Surg, 2010, 211(6): e25-e29.

[6] Matsui H, Okamoto Y, Nabeshima K, et al. Endoscopy-assisted anastomosis: a modified technique for laparoscopic side-to-side esophagojejunostomy following a total gastrectomy. Asian J Endosc Surg. 2011 Aug; 4(3): 107-11.