

Editor in Chief,  
Editorial Office,  
Reviewers  
*of World Journal of Gastroenterology*

Dear Editor:

Thank you for considering our manuscript entitled “**A New Totally Intracorporeal Reconstructive Approach After Robotic Total Gastrectomy: Technical Details And Short-Term Outcomes**”.

We are very pleased that the article aroused your interest and that you offered positive comments and suggestions.

Particularly, we thank all the members of the Editorial Office and the reviewers for their invaluable work and for their interest in our research. Reviewers’ comments provided extremely useful suggestions, and we considered all the required changes in the new version of the manuscript, thus significantly improving it.

Thanks again for your work and the time spent on the manuscript revision. We look forward to hearing from you in the near future.

Warm regards,

Jacopo Desiderio

The corresponding author

### **Response to the Reviewers:**

We thank the reviewers for their valuable suggestions.

First, to increase the originality of the article as requested by the editorial staff, we have slightly changed the title and verified again through google scholar to avoid similarities.

### **Reviewer's code: 01981051**

The author can give some suggestions or tips of how to do this in the discussion part. Usually this technique is more difficult than that with side-to-side anastomosis.

Yes, we think this is a good suggestion and so a detailed paragraph with tips and tricks has been added in the discussion.

The pictures did not show clearly the important steps and views of the reconstruction and should be added as they are so important and convincing to the readers.

Pictures were carefully revised to better highlight the steps of the procedure.

Something needs to be clarified as almost one third of the patients have their tumor located in the lower third that may not necessarily need total gastrectomy.

This is a good question and an issue under debate. We have specified in the results section (patient characteristics), the reasons that led to the choice of total gastrectomy in this patient category.

### **Reviewer's code: 00505458**

The authors mentioned that the esophagus has to be opened, has it been closed before?

Why only 2 cm between the two loops, as in open surgery some prefer to cover the anastomosis by the surplus?

Yes, maybe these points were not clear so we have specified them in the technical description.

Figures were also revised to better explain the procedure.

Only the table indicates how the authors extract the tissue.

Yes, we added this information in the text.

Every method for reconstruction has to tackle the functional problems of blind loop syndromes, or of inadequate transition through the substitute stomach (e.g. weight loss), this mainly can be checked not before months after surgery?

This is a relevant comment and we decided to incorporate it in the conclusion of the manuscript as a major point to be addressed.

The short-term follow-up didn't highlight any functional problems until now, while the evaluation on long term results of our approach is ongoing.