

07 July, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format.

Title: Gastrojejunostomy in patients with unresectable pancreatic head cancer- the use of Roux loop significantly shortens the hospital length of stay.

Author: Dariusz Szymanski, Adam Durczynski, Michal Nowicki, Janusz Strzelczyk.

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 3578

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

Reviewer:

- 1. The present study could potentially be an interesting one, should authors had followed the right way of reporting RCT's according to the CONSORT statement. Randomization is not reported. In which way authors allocated treatment groups? Was the assessment blinded? Primary and secondary outcomes are not clearly stated.**

We thank the Reviewer for this comment. Our prospective, randomized study comprised non-jaundiced patients with unresectable pancreatic head tumor (n=41), hospitalized in the Department of General and Transplant Surgery of Medical University in Lodz, who received solitary gastroenterostomy on a prophylactic basis from January 2010 to December 2011. Patients were randomized to receive either antecolic Roux (n=21), or conventional antegastric hand-sewn side to side gastroenterostomy (n=20). Before surgery, each patient was allotted a code (Roux or conventional group). All postoperative assessments were done by blinded investigators. Primary endpoint of our study was the length of hospital stay.

Prokinetic therapy duration, the number of days of nasogastric tube decompression, the start of oral fluids, soft diet and solid diet were secondary endpoints.

- 2. A flow chart of the different stages of the study is not provided -Power analysis for sample size (in each of the outcomes) does not exist to justify authors' results.**

The Reviewer gives us a very important comment and it is absolutely helpful for the quality improvement. A fundamental step in the design of clinical research is the computation of power for sample size. In the revised manuscript we give power analysis data and flow chart of patients enrollment, randomization and progress through the study.

- 3. Authors concluded that "Roux gastroenterostomy decreases DGE, reduces LOS and associated health care costs". Healthcare costs can be estimated after a long term follow up. -There is no follow-up reported. Since the end of the study 12/20011 there is enough time to follow these patients. How many of them underwent an intervention for stent occlusion? ERCP in patients with a Roux-en-Y gastroenterostomy is expected to fail in greater percentages than conventional gastroenterostomy, which means that an operation or a Percutaneous drainage is needed. This increases costs and deteriorates patient's quality of life.**

We thank the Reviewer for this comment. The patients were followed up within 6 months. 19 patients did not contact after discharge. These patients were followed-up in the other center (data not available). Most of all patients (n=37) have originally been presented with jaundice in the endoscopic units, where the biliary stents have been inserted. As ERCP in Roux-en-Y gastric bypass patients is challenging, anastomoses was performed without the stomach being transected or divided. Therefore, blockage of the biliary stents causing recurrent jaundice could easily have been managed with stent replacement without need of percutaneous drainage. We agree with the Reviewer that percutaneous drainage increases costs and deteriorates

quality of life of patients with unresectable pancreatic cancer. However, there was no need to perform this type of drainage in our group. The risk of occlusion stents increased in our group after 3 months, thus elective stent exchange at 3 to 6 months was performed with the standard technique. Changing a stent was available in Roux and conventional GE group. The recurrence of jaundice and cholangitis (23% of patients) and mean survival were comparable in both groups during 6-month follow-up.