

Format for ANSWERING REVIEWERS

August 12, 2012

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 3618-edited.doc).

Title: The improvement of type 2 diabetes mellitus after gastric cancer surgery: Short-term outcome analysis after gastrectomy

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 3618

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

(1) Reviewer 00506294

This manuscript about: "The improvement of type 2 diabetes mellitus after gastric cancer surgery: Short-term outcome analysis after gastrectomy" is a good one about this item based on patients with gastric cancer and different types of surgical procedures. The authors conclude that after gastric cancer surgery, diabetes mellitus was improved in more than 50% of patients during the first year after surgery and the degree of diabetes control was related to diabetes duration in each patient and no with the surgical type. However, the effect of gastric cancer surgery type on diabetic control should be further evaluated. These results are very original and support the possibilities that gastric surgery may be and alternative in the treatment of type 2 diabetes mellitus.

→ Thanks for your kind and encouraging comments. We will continue our study to find out more significant and concrete results.

(2) Reviewer 02457539

Q1. It seems that the findings are already known. The authors should try to highlight what their study adds to current knowledge.

A. Although weight loss is the main problem after gastric cancer surgery, it is predicted that the status of glycemic control would be better in patients with diabetes. However, until now, the status of diabetic control after gastric cancer surgery was not evaluated well and most of the studies used retrospective medical record review or interviewing. Therefore, the biomedical parameters were extremely limited and the evaluation for diabetic medication status appeared to be incorrect in our opinion. While, all data in our study were collected prospectively and this is the most important difference of our study from previous studies.

Q2. The study involved a limited number of cases. In the multivariate analysis for factors

related to DM control, too many factors were adjusted which would require more cases. Therefore, the 95% CI of the odds ratios are very wide, meaning they are very imprecise.

A. We used sex, smoking, BMI, DM duration and operation type in multivariate analysis. When we removed one or two factors in multivariate analysis, the result was similar. In addition, all of the factors have known to have some potential influence for diabetic control. Therefore, we used all of them for multivariate analysis. As you know, the small number of patients is a limitation point in our study.

Q3. The authors concluded that insulin, C-peptide, and HOMA-IR levels persistently improved over the 12-month after operation. However, their analysis used Kruskal-Wallis test to compare the values at different time points, which only means that there are significant differences between the different values at different time points. Please consider a trend test to support your argument.

A. Kruskal-Wallis test was used to compare the biochemical data of the three operation types at the same follow up point. In same operation type, the difference between biochemical data of preoperative and postoperative 12 months was evaluated by paired t-test.

(3) Reviewer 02446593

This is a retrospective analysis of the impact of various types of gastric surgeries (for gastric cancer) on patients who happened to have diabetes at the time of surgery. The study is well designed and the results and discussion are of interest to diabetologists as well as cancer surgeons. The tables and figures accurately reflect the results and are appropriately presented. It will be helpful to have a native English speaker review the manuscript once to correct minor stylistic errors but otherwise the manuscript needs no significant revision.

A. Thanks for your kind review and comments. Our manuscript was edited by a native English speaker.

3 References and typesetting were corrected.

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

Sincerely yours



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