

Dear Editor

Thank you for your kindness to consider our paper suitable for publication in your journal. We studied carefully the attached comments listed by the reviewers, made the requested revisions and coupled with the reviewers' requirements and we provide you a manuscript where the changes asked are highlighted in red.

Following you can find point by point explanations and details about the modifications we made according to your remarks.

Reviewer 1:

1. The relevant information has been added. The patient had developed the small bowel malignancy 22 years after gastrectomy and 9 months after the second surgery is free of disease.
2. While the authors wanted also to show the endoscopy pictures, these pictures unfortunately are not available
3. The tumor was found at the beginning of the efferent loop about 4 cm from the anastomosis and there were also multiple small infiltrations in the afferent loop for 15 – 20 cm. The rest of the small intestine was free.

Reviewer 2:

1. A table has been constructed including all published and described cases.
2. Figure 3 is now cited in the text and the sample is from the patient with the lymphoma
3. The authors agree that it will be desirable to have the immunohistochemistry pictures however they are not available. However, as the immunohistochemistry findings are the ones that supported the diagnosis we believe the text should not be removed, but if the reviewer insists we should remove it.
4. The blood test of the 3rd patient was unremarkable except of a normochromic anemia. This fact has been added in the text.
5. The sentence referring to bleeding has been clarified

6. The figure legends have been expanded

Reviewer 3:

1. As the 3rd case is of interest the authors prefer to change the title to “Atypical Anastomotic Malignancies of Small Bowel after Subtotal Gastrectomy with Billroth II Gastroenterostomy for Peptic Ulcer: Report of Three Cases and Review of the Literature” as per the directions of reviewer 4 also
2. The relevant clinical information has been added.
3. The relevant information on physical examination, laboratory tests, endoscopy and CT scans, and tumor size have been added. Unfortunately no endoscopy or CT images are available.
4. The requested information about case 3 regarding prognosis, chemotherapy and H pylori have been added
5. The part of the discussion referring to case 3 has been modified.
6. The language has been polished
7. Arrows have been added in figure 2 to clarify the anatomy and point out the tumor
8. The PMID of reference 6 has been corrected

Reviewer 4

1. The title has been changed to “Atypical Anastomotic Malignancies of Small Bowel after Subtotal Gastrectomy with Billroth II Gastroenterostomy for Peptic Ulcer: Report of Three Cases and Review of the Literature”
2. We agree with the reviewer that the positive cytokeratin cells were considered remnant epithelial cells.
3. The evidence has been provided
4. Arrows have been added in figure 2 to clarify the anatomy and point out the tumor and indicate the location of oral side, anal side etc

Reviewer 5

The authors would like to thank the reviewer.

With warm personal regards

Dr. Orestis Ioannidis