ANSWERING REVIEWERS

September 11, 2018

Dear Editor,

Please find enclosed our edited manuscript in Word format (file name: 40983-Revised manuscript.doc). Below is the relevant information regarding our submission:

Title: Self-Expandable Metal Stents in Patients with Postoperative Delayed Gastric Emptying

Authors: Seung Han Kim, Bora Keum, Hyuk Soon Choi, Kim Eun Sun, Yeon Seok Seo, Yoon Tae Jeen, Hong Sik Lee, Hoon Jai Chun, Soon Ho Um, Chang Duck Kim, and Sung-Soo Park

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 40983

The manuscript has been improved according to the suggestions of the reviewers:

1. The manuscript formatting has been updated.

2. Revisions have been made based on the suggestions of the reviewers.

Our point-by-point responses appear below.

(1) Reviewer No. 03506087

Kim et al. reported their experience in utilization of self-expandable metal stent on treatment of postoperative DGE. Generally, this is an interesting study, which provided a new modality for treatment of DGE. There are several issues concerned about this study.

Comment 1: Where did the stent was placed, at the anastomotic site?

Response: Thank you for your comment. We inserted a stent of sufficient length at the anastomotic site.

Comment 2: DGE is generally recognized as a gastrokinetic disease, which is associated with nerve damage, altered hormonal levels, and intra-abdominal infection, but not mechanical obstruction. How did the author think a stent can improve the symptoms? The mechanism should be proposed!

Response: Thank you for your valuable feedback. As you mentioned, there are many possible causes of DGE, but most patients require time to recover and resume a normal diet. However, the longer the recovery time and the longer the patient's "nil per oral" period, a patient's QOL and overall recovery rate may worsen. Stent placement in the anastomotic lesion rapidly relieved obstructive symptoms, recovered the patients' general conditions, and reduced hospital stay. It may also increase patient satisfaction and quality of life.

In response to this comment, we have added the following text to the Discussion section: "In this study, stent placement rapidly resolved obstructive symptoms without severe adverse events and the patient

could be discharged with resumption of oral intake within a short duration after stent insertion."

Comment 3: The 20 patients included had experienced distal gastrectomy for gastric carcinoma. How do the authors think this method can work on patients undergoing pancreaticoduodenectomy?

Response: Thank you for your valuable comment. Stent placement may also be effective for any situation that may potentially result in DGE such as after pancreaticoduodenectomy.

(2)Reviewer No. 03998130

An interesting method addressing an unpleasant complication after distal gastrectomy. Useful for clinical practice. However, some concerns should be raised:

Comment 1: Please consider to change the title in Self-Expandable Metal Stents in Patients with Postoperative Delayed Gastric Emptying after Distal Gastrectomy.

Response: Thank you for your comment.

In response to your suggestion, we have changed the title to "Self-Expandable Metal Stents in Patients with Postoperative Delayed Gastric Emptying after Distal Gastrectomy".

Comment 2: Please provide the total number of distal gastrectomies performed during the same period to find the percentage of patients with DGE and the percentage of patients who required stent placement for intractable DGE.

Response: Thank you for your valuable feedback. We performed 891 cases of subtotal gastrectomy over the same period.

In response to this comment, we have added the following text to the Materials and Methods section: "The total number of distal gastrectomies performed during the same period was 891. 20 patients (2.2%) underwent stent insertion for postoperative DGE."

Comment 3: How many patients with Billroth I reconstruction developed DGE/ intractable DGE? How many patients with Billroth II reconstruction developed DGE/ intractable DGE? Are there any significant differences between groups? Please provide the required data.

Response: Thank you for your valuable feedback. The number of DGE patients after Billroth I reconstruction and Billroth II reconstruction were 10 and 10, respectively. We included the definition of DGE in the text. The intractable DGE patients described in the abstract section are patients with DGE, but the term "intractable" was added only to indicate the more desperate situation of DGE patients. We have deleted the word "intractable" to avoid any potential confusion in the revised version.

Comment 4: Please define more clearly what patients with DGE were considered for stent placement.

Response: Thank you for your valuable feedback. DGE was defined as failure to and/or tolerate a regular diet even after the seventh postoperative day. Stent placement was performed in postoperative

DGE patients who were not responsive to conservative management with nutritional support and administration of prokinetics.

In response to this comment, we have added the following text to the Materials and Methods section: "We enrolled postoperative DGE patients who were not responsive to conservative management. Patients were kept "nil per oral" (NPO) and received conservative management with nutritional support and administration of prokinetics before stent placement."

Comment 5: What is intractable DGE?

Response: Thank you for your helpful feedback. We defined DGE in the text as failure to consume and/or tolerate a regular diet even after the seventh postoperative day. The term "intractable DGE" from the abstract section has the same meaning as that for DGE defined above, but we had added the term "intractable" to indicate a more desperate condition for the DGE. We have excluded the term "intractable" to avoid any potential confusion in the revised version of the manuscript.

Comment 6: What kind of conservative management was previously performed in these patients?

Response: Thank you for your valuable feedback. Postoperative DGE patients kept nil per oral and received conservative management with nutritional support and administration of prokinetics before stent placement.

In response to this comment, we have added the following text to the Materials and Methods section: "Patients were kept "nil per oral" (NPO) and received conservative management with nutritional support and administration of prokinetics before stent placement."

Comment 7: How many days of conservative treatment were considered prior to settle the need for stents?

Response: Thank you for your valuable feedback. Endoscopic stent placement was considered when the patient failed to consume or tolerate a regular diet 7–10 days after the operation.

Comment 8: Please provide the point of the last follow-up. Otherwise how the mean follow-up time was calculated?

Response: Thank you for your important feedback. The last follow-up was the day of the last outpatient clinic visit or the day of patient's death.

In response to this comment, we have added the following text to the Materials and Methods section: "Patients were followed up until they were lost to follow-up or dead."

Comment 9: Please provide number of patients but also percentages in brackets in all situations (i.e., 15 of 20 patients (75%)).

Response: Thank you for your beneficial feedback. We have revised the text accordingly.

Comment 10: The Discussion part repeats some paragraphs from Introduction. Please remove the duplicates.

Response: Thank you for your valuable feedback.

In response to this comment, we have removed the following text from the Discussion section: "Patients with DGE are unable to eat easily and present with obstructive symptoms." Moreover, we have added the following text to the Discussion section: "Acute angulation, kinking, long-term edema, or congestion of anastomotic lesions may also cause postoperative DGE."

Comment 11: Furthermore, the Discussion part paragraphs have no cited references except one, which is very uncommon for this part of the manuscript. Please insert more citations in these paragraphs.

Response: Thank you for your good feedback. We have revised the Discussion accordingly.
We have added the following text to the Discussion section: "During the first 1–3 weeks after distal gastrectomy, postoperative DGE can occur due to different potential causes[12-14]." and "To date, various therapeutic approaches have been used for the treatment of postoperative DGE[19,20]"

Comment 12: Nevertheless, please state more clearly when you recommend the stents for DGE after distal gastrectomy.

Response: Thank you for your useful comment. We performed SEMS placement in the outlet area of the anastomosis site when patients presented longstanding gastric stasis after gastrectomy for over 7-10 days. In particular, the procedure could be useful in patients with comorbidities. Rapid oral intake and recovery may offer safer and more effective nutritional support compared to total parenteral nutrition with nil per oral.

In response to this comment, we have added the following text to the Discussion section: "Considering these results, physicians should consider stent placement in patients with postoperative DGE, especially, when rapid oral diet resumption could be helpful for patients."

3 The references and typesetting have been corrected.

Thank you again for considering our manuscript for publication in *World Journal of Gastroenterology*.

Sincerely yours,

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