

Title: “A Novel Abdominal Negative Pressure Lavage–Drainage System for Anastomotic Leakage After R0 Resection for Gastric Cancer”

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Dear Editor:

We are grateful to your and the anonymous reviewers for valuable comments and suggestions which help improve the quality of the paper. We have study comments carefully and have made modifications and corrections which we hope meet their approval. We have revised the manuscript according to your kind advices and referee’s detailed suggestions. Here below is our description on revision.

Comments:

Conclusion: Accept (High priority)

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

This is an extensive and very impressive study involving a huge number of the patients, and providing a new successful method. Therefore, in my view the authors should modify the concluding paragraph in Introduction In January 2014, a novel abdominal negative pressure lavage-drainage system (ANPLDS) was routinely used for patients with AL at our institution with the aim of reducing the failure-to-rescue (FTR) rate for AL and the risk of reoperation. In this report, we present our utilization of and experiences with ANPLDS for AL after RG for GC. Our hypothesis was that ANPLDS can effectively reduce the FTR and the risk of reoperation, and it is a feasible management of AL. to clearly emphasize the success and benefit of the new approach. Also, the last paragraph in Discussion, in the present form goes with extreme modesty of the authors This study had several limitations. First, it is a single-center retrospective study that needs to be verified by a multi-center, large sample prospective trial. Second, due to the limited number of AL cases, we analyzed all reconstruction methods instead of focusing solely on one type of anastomosis, which may increase the heterogeneity of the patient’s material. The last study

limitation was the influence of experience on mortality; one could argue that increasing experience could explain the reduction in mortality, as recently suggested[28]. However, the impact of experience on mortality is expected to be progressive, and thus the FTR rate should decrease progressively. In our study, the incidence of AL before and after the implementation of ANPLDS was similar. Additionally, the FTR rate decreased suddenly after the implementation of ANPLDS. In addition, before the study period, our surgical team had performed more than 1000 cases and had sufficiently mastered the RG procedure for GC. Therefore, it is reasonable to assume that the decline in FTR is a direct external effect of this new treatment. In my view this has to be accordingly changed to emphasize the clear benefit (and no hesitation) of the novel approach.

Response: According to your kind suggestion, we have changed the concluding paragraph in Introduction to “ In January 2014, a novel abdominal negative pressure lavage-drainage system (ANPLDS) was routinely used for patients with AL at our institution. We found that ANPLDS can effectively reduce the FTR and abdominal bleeding rate after AL, and it is a feasible management of AL. Therefore, in this report, we present our utilization of and experiences with ANPLDS for AL after RG for GC. ” in the “Introduction” section of the revised manuscript in red text.

Similarly, we have changed the last paragraph in Discussion to “This study had several limitations. First, it is a single-center retrospective study that needs to be verified by a multi-center, large sample prospective trial. Second, due to the limited number of AL cases, we analyzed all reconstruction methods instead of focusing solely on one type of anastomosis, which may increase the heterogeneity of the patient’s material. However, we first reported the feasible management of AL and the successful implementation of this system at our institution may serve as a model for treating AL at other centers.” in the “Discussion” section of the revised manuscript in red text. Additionally, we have added “It is reasonable to believe that the decline in FTR is a direct external effect of this new treatment, because the FTR rate decreased suddenly after the implementation of ANPLDS. Additionally, our surgical team had performed more than 1000 cases and had sufficiently mastered the RG procedure for

GC before the study period. Therefore, the impact of increasing experience on mortality that is expected to be progressive can be ignored.” in the “Discussion” section of the revised manuscript in red text.

We have checked the manuscript and revised it according to the comments. We submit here the revised manuscript as well as a list of changes.

If you have any question about this paper, please don't hesitate to let me know.

Sincerely yours,
Dr. Chang-Ming Huang