

Manuscript number: 51683

World Journal of Clinical Cases

24 June 2020

Dear Dennis A Bloomfield, MD,

We would like to thank *World Journal of Clinical Cases* for accepting our manuscript. We have substantially revised the manuscript by addressing all the comments and suggestions made by the reviewers. We believe that these revisions mainly under the comments and suggestions of the reviewers have greatly improved the quality of the manuscript. All changes are highlighted in RED FONT and showed in the “Respond to comments” so that they may be easily identified. The revised version of the manuscript and the detailed point-to-point responses to the reviewers' comments and suggestions have been uploaded.

Best wishes,

ShouJiang Wei, MD, PhD

Response to Reviewer #1:

Reviewer #1:

Scientific Quality: *Grade B (Very good)*

Language Quality: *Grade B (Minor language polishing)*

Conclusion: *Accept (General priority)*

Specific Comments to Authors: *I think it is well-written paper from all the aspects, may be some English language editing. I wish you have data that would able you to compare you technique to the standard of care procedure.*

Response: We thank you very much for your careful reading of our manuscript and your positive comments. We have tried our best to revise the manuscript according to your comments and suggestions. We believe that the quality of the manuscript has been improved greatly after revision. For your convenience, we would like to reply to your questions one by one, as follows:

“I think it is well-written paper from all the aspects, may be some English language editing.”

Response: Thank you for reading our manuscript carefully. According to your suggestion, we have checked our manuscript carefully, and found several mistakes. We have revised them in the paper.

The following red content is what we have modified in the abstract part of the revised manuscript.

Background

Gastrointestinal stromal tumors (GISTs) are lesions that originate from digestive tract walls. Several laparoscopic techniques, including local resections, wedge resections

Cases/Methods

We present our analysis of 17 patients who were admitted to our hospital from January 2014–December 2018. All tumors were located in the corpus and antrum of the stomach, close to the lesser curvature of the stomach. The tumors originated from the anterior wall in 9 cases and from the posterior wall of the stomach in 8 cases.

Laparoscopic segmental gastrectomy and end-to-end anastomosis between the proximal and the distal residual stomach was used in all patients

I wish you have data that would able you to compare you technique to the standard of care procedure

Response: Thank you for your professional advice. We added a comparison of the incidence of reflux gastritis between Segmental gastrectomy and Distal gastrectomy

The red contents have been added in the “RESULTS” section of the revised manuscript:

The postoperative course is summarized in Table 2. In the 3 months after surgery, postoperative weight recovery was significantly improved in all patients. The incidence of reflux esophagitis and gastritis after surgery was less frequent in the laparoscopic segmental gastrectomy patients. **Reflux gastritis^[11](Segmental gastrectomy vs. Distal gastrectomy:11.8 vs. 63.8%, $p < 0.05$)**

Science Editor: *1 Scientific quality: The manuscript describes a case report of the Total laparoscopic segmental gastrectomy. The topic is within the scope of the WJG. (1) Classification: Grade B; (2) Summary of the Peer-Review Report: It is a well-written paper from all the aspects, may be some English language editing. The reviewer suggests authors to compare their technique with the standard of care procedure. The questions raised by the reviewers should be answered; and (3) Format: There are 3 tables and 3 figures. A total of 14 references are cited, including 2 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade B. A language editing certificate issued by Peerwith was provided. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, the CARE checklist form, and written informed consent. No academic misconduct was found in the CrossCheck detection and Bing search. 4 Supplementary comments: This is an unsolicited manuscript. The study was supported by the National Natural Science Foundation of China; Foundation of Sichuan Educational Committee; Foundation of Sichuan Health Committee; Nanchong Government and North Sichuan Medical College Cooperation Project; and Foundation of North Sichuan Medical College. The topic has not previously been published in the WJG. The corresponding author has not published articles in the BPG. 5 Issues raised: (1) I found no "Author contribution" section. Please provide the author contributions; (2) I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s); (3) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (4) I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; (5) I found the "Case Presentation" did not meet our requirements. Please re-write the "Case Presentation" section, and add "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" section to the main text, according to the*

Guidelines and Requirements for Manuscript Revision; and (6) the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces. 6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

Response:First, we really appreciate your giving us so much of your precious time and your professional and constructive comments and suggestions. We have tried our best to revise the manuscript according to your comments and suggestions. We believe that the quality of the manuscript has been improved greatly after revision. For your convenience, we would like to reply to your questions one by one, as follows:

(1) I found no "Author contribution" section. Please provide the author contributions.

Response: Thank you for your valuable comments. We have added the author's contribution to this article.

The red contents have been added in the revised manuscript:

Wei SJ was the designed the study; Ren YX and He M participated in the acquisition, analysis of the data, and drafted the initial manuscript; Ye PC revised the article critically for important intellectual content.

(2) I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Response: Thank you for carefully reviewing the documents submitted by us. We have submitted the *financing agency copy of any approval document* in this upload document

(3) I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Response: Thank you for your valuable suggestions. We have submitted the EXCEL form of the original figures in this upload file. According to your suggestions, we have rearranged the figures and tables with PowerPoint.

(4) I found the authors did not add the PMID and DOI in the reference list. Please provide the

PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

Response: Thank you for reading our article carefully. We have added PMID and DOI in the reference according to the standard of *World Journal of clinical cases*

The red contents below is one of our revised reference formats:

3. Kingham TP, DeMatteo RP. Multidisciplinary treatment of gastrointestinal stromal tumors. The Surgical clinics of North America 89 (1):217-233, x [PMID:19186237 doi:10.1016/j.suc.2008.10.003]

(5)I found the "Case Presentation" did not meet our requirements. Please re-write the "Case Presentation" section, and add "FINAL DIAGNOSIS", "TREATMENT", and "OUTCOME AND FOLLOW-UP" section to the main text, according to the Guidelines and Requirements for Manuscript Revision;

Response: We are very grateful for your professional suggestions. However, we think our article is more suitable for "observational study" in the list of manuscript types of *World Journal of Clinical Cases*, so we strictly follow the requirements of "observational study" to revise our manuscript.

(6) The author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces.

Response: Thank you for reading our article carefully. We have rearranged the reference numbers of references in this paper according to the requirements of *World Journal of clinical cases*.

The following red content is part of the coding format of our revised references:

The superiority of segmental gastrectomy over conventional D2 (extended lymph node dissection) gastrectomy for early gastric cancer in terms of postoperative quality of life seems apparent^[6-10]