

Format for ANSWERING REVIEWERS



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 5170-review.doc).

Title: The recurrence of gastric cancer in the jejunal pouch after radical total gastrectomy with Roux-en-Y reconstruction

Author: Jong Han Yoo, M.D., Sang Hyuk Seo, M.D., Min Sung An, M.D., Tae Kwun Ha, M.D., Kwang Hee Kim, M.D., Ki Beom Bae, M.D., Chang Soo Choi, M.D., Sang Hun Oh, M.D., Young Kil Choi, M.D

Name of Journal: *World Journal of Gastrointestinal Surgery*

ESPS Manuscript NO: 5170

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

Comments to the Authors

Yoo JH et al. described a rare case with recurrence of gastric cancer in the jejunal pouch after radical total gastrectomy with Roux-en-Y reconstruction. Although this is an interesting case, I make some questions and comments in regard to this case report.

1. Which pattern did the recurrence in jejunal pouch occur by? Was it through either hematogenous, lymphatic metastasis or peritoneal dissemination?

Answer> We can not define recurrence type but, local recurrence is most appropriate type of recurrence.

2. Furthermore, recurrent tumor invaded to the jejunum, pancreatic tail and spleen. Did the small metastasis in jejunal pouch (1.2cm in size) occur such widespread involvement? Why could you point out the widespread tumor on preoperative computed tomography scan?

3. I think that this might be a mere peritoneal dissemination which invaded to jejunum, pancreas and spleen. Wasn't there other recurrence site in the peritoneal cavity?

The authors should clearly show the pattern of recurrence, whether single or multiple site recurrence, and whether the recurrent tumor in jejunal pouch invaded to pancreas and spleen or the peritoneal disseminated tumor invaded to jejunum, pancreas, and spleen. The authors should comment more on these points by preoperative computed tomography scan, intraoperative and

pathological findings.

Answer to Question 2,3> We present CT findings with preoperative CT findings revealed no evidence of local tumor recurrence or distant metastasis. There was no evidence of other site recurrence.(no liver metastasis, no peritoneal metastasis) The most possible mechanism is an implantation of exfoliated cancer cell. The recurrence begins at jejunal stump(blind loop) and invade to pancreas and spleen.

4. The authors refer two literatures (by Namikawa T. et al. and Nishimura M. et al.). These reference numbers should be put in the text.

Answer> We correct paper.

5. The authors wrote “It has been known that the rate of recurrence reaches up to 50% in patients who had a lymph node metastasis at the time of diagnosis and 80% in those who did not.” Should a reference number be assigned for this sentence? Furthermore, is the part of “80% in those who did not” correct?

Answer> We have mistake. We correct paper.

6. The authors wrote “Here, we report our case with a review of literatures.” However, there is no part about review for jejunal metastasis from gastric cancer in this manuscript. I think that this sentence might be an overstatement.

Answer> We correct discussion. Thank you.