

**Manuscript NO:** 61556

**Title:** Risk factors for postoperative delayed gastric emptying in ovarian cancer treated with cytoreductive surgery and hyperthermic intraperitoneal chemotherapy.

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**Journal title:** World Journal of Clinical Cases

The manuscript has been revised and marked in red according to the comments of reviewers:

The first review's composition comment on the manuscript and my answer

1: Some important factors are not considered: 1a: PCI - no peritoneal cancer index is given to evaluate the extent of disease. Please add this information. If it does not exist. Do you use any other method of measuring tumor burden in the abdomen? Gillys score? Holland 7 region score etc? 1b: Perigastric and gastric dissection is known to be a the largest risk faktor, but this is not really evaluated here. Please add a perigastric/gastric dissection group in the univariate/multivariate analysis. This could include gastrectomy, pankreatectomy, spenectomi, left total diafragmatic peritonectomy.

Answer:

1a: Thank you very much for your comment and PCI has been added in the manuscript.

1b: Thank you very much for your comment and perigastric/gastric dissection group has been added in the univariate analysis.

2: Omentectomy is not described. Please describe if this was performed on everyone. And if it was, please comment on whether the gastroepiploic artery was saved or if it was transected.

Answer: Thank you very much for your comment. Omentectomy was performed in 32 cases of primary ovarian cancer and 24 cases of recurrent cases. The gastroepiploic artery was preserved during omentectomy in order to minimize its effects on gastric emptying. All these modifications have been added in the revised manuscript.

3: There has been some discussion concerning leaving or not leaving the

gastroepiploic artery during omentectomy. This may something worth referencing depending on how you do your omentectomies.

Answer: Thank you very much for your comment. The gastroepiploic artery was preserved during omentectomy in order to minimize its effects on gastric emptying, though there was report that no association was found between preservation of the gastro-epiploic artery during omentectomy and gastric emptying after CRS-HIPEC. Corresponding modifications were made in the manuscript.

4: Lastly, the definition of delayed gastric emptying is weak. There is a known problem with long-term nausea postoperatively after CRS+HIPEC. The definition in this article risks including patient with chemotherapy related long-term nausea. Please comment on this risk. Perhaps also include some more information concerning your postoperative recovery plan. How much antiemetics are used postoperatively. What anti-emetics are used? Do you use cortison postop for nausea treatment? Do you have motility drugs included postop? Some more information here would be good. Perhaps, a paragraph discussing the problem of distinguishing between DGE and nausea from other causes.

Answer: Thank you very much for your comment and Corresponding modifications were made in the manuscript and marked in red.