Department of Abdominal Surgery
University Medical Centre Ljubljana
Zaloška cesta 7
SI-1000 Ljubljana
Slovenia

Dear Prof. Lian-Sheng Ma

Please find enclosed the revised manuscript entitled **Health-related quality of life after curative resection for gastric adenocarcinoma** by Grosek, et al.

On behalf of my fellow co- authors and on my behalf, I would like to thank You and the reviewers for kind opportunity to revise our manuscript, further improving it. All the replies as well as all the changes in the revised manuscript were approved by all co-authors.
We have addressed all the comments, as discussed in more detail below, and revised the manuscript accordingly. We have attached the revised manuscript version.

We believe this manuscript is now suitable for publication in World Journal of Gastroenterology.

Sincerely,

Prof. Aleš Tomažič, MD, PhD
Corresponding author

Response to reviewers:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Dear Authors, The article is a fairly written. There are some statements which have not been referenced which have been highlighted on track changes.

Answer:

Thank you very much for your remark. Appropriate references were added (line 358). However, the following statement refers to the results of our study and cannot be referenced:

Patients after total vs. subtotal gastrectomy had similar functional scores, but the former experienced more dysphagia and eating restrictions. At the same time, patients after subtotal gastrectomy with Billroth II (compared to Roux-en-Y reconstruction) reported worse physical and role functioning scores and complained of symptoms, such as pain, fatigue and reflux. However, these differences appear to be clinically less relevant as similar global health scores were reported among different surgical procedures.

Although we detected statistically significant differences in scores on some functional and symptom scales among different surgical procedures, the patients reported similar global health scores regardless of the procedure they underwent (i.e. their self-evaluation of overall health and overall quality of life during the past week as they reported on the questionnaire did not differ significantly among different surgical procedures). The statement was adjusted to improve its comprehension (lines 303-305).

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: The submitted manuscript is interesting and correctly written. Properly evaluate by an English expert, since some spelling errors are observed. I strongly suggest that the comparison with the general population is not placed in the study, since the data does not seem to correspond to the same study.

Answer: *Thank you for your suggestion. After discussion, we agree on the suggestion and have removed the comparison of our patient cohort to the general population from the manuscript. Also, the manuscript was evaluated and corrected by an English expert.*

Reviewer #3:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Rejection

Specific Comments to Authors: Jan Grosek et al studied QOL after gastrectomy. This article is well written. In particular, the comparison between the Billroth II and the Roux-en-Y reconstruction and that between total and subtotal resection were interesting. They concluded that subtotal distal gastrectomy with Roux-en-Y reconstruction should be preferred over subtotal distal gastrectomy with Billroth II reconstruction. However, when adjusted for demographic data, no statistically significant differences were obtained among surgical procedures but in disease stages. There some issues raised.

Major 1. Please explain whether it is ethically correct to include the data of declined participants in Table 1 in this paper.

Answer: *Thank you for pointing that out. Since patients did not specifically decline to participate in the study, we corrected the terms in the manuscript, so study participants and those who declined to participate are termed respondents and non-respondents, respectively (lines 241-245, Table 2 – line 589). In Table 1 (i.e. Table 2 after correction – line 589) we compared basic data regarding patients' demographics, disease stage and postoperative outcomes. We believe it is important to compare the two groups of patients to assess possible impact of any of these parameters on the final study results. The source of this data is a prospectively maintained database where all data is completely anonymised and data subjects (patients) can no longer be identified. Hence, the National Medical Ethics Committee of Republic of Slovenia approved the analysis of the anonymised data of study non-respondents.*

Minor 1. In Table 2, is Role function median 91.5 correct? Line 401. Period behind "life" is missing.

Answer: *Thank you for your comment. Reference data of the EORTC QLQ-C30 questionnaire for the general Slovenian population was assessed from another study (Velenik et al., Radiol Oncol, 2017) where it was presented by means and standard deviations. Therefore, one-sample t test was used to compare the mean scores of our patient cohort to the mean scores of the*

general Slovenian population. The value 91.5 is correctly calculated and represents the median, indicating strong left asymmetric distribution of data. However, based on the suggestion from one of the reviewers, we decided to remove this part of the analysis from the manuscript.

The period was added (line 386).

Reviewer #4:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors investigated the QOL among gastrectomized patients. The results were of interests. However, I have some questions.

1. As you mentioned in the Discussion session, QOL changes over time. The current results may be affected by the time interval from the surgery to the questionnaire. I wonder differences of the time intervals existed between the groups. You should describe the time interval for each group.

Answer: *Thank you for pointing that out. We compared the time that elapsed since surgery for patients after different surgical procedures and did not detect a statistically significant difference. The analysis was added to the manuscript (lines 213-214, 237-239, Table 1 – line 583).*

2. Why don' t you perform Billroth-I reconstruction after distal gastrectomy?

Answer: *Thank you for your question. We agree that Billroth I anastomosis could be considered as a substitute for Roux-en-Y reconstruction or even Billroth II anastomosis. For the former, it can be considered due to its technical simplicity, while for both aforementioned procedures, it can be considered as the method of choice in terms of postoperative morbidity and the advantage of physiological food passage. There are conflicting reports in the literature regarding postoperative complications, some showing no difference between different reconstruction techniques and some favouring the Billroth I reconstruction. The choice of reconstruction is often subjected to the surgeon's personal preference or/and clinical experience. However, the drawback of Billroth I reconstruction is that it is not applicable in locally advanced gastric cancer where necessary gastric resection results in a big "gap" which precludes from creating a Billroth I anastomosis since this would induce undue tension. Patients in our study were operated on for gastric cancer, among which most had a locally*

advanced disease. In our country, only few patients are diagnosed with early gastric cancer which, if not amenable to endoscopic treatment, necessitates at least partial gastric resection. Hence, the surgeon's personal preference and the advanced tumour stage of our patients are key reasons why there are only Billroth II or Roux-en-Y reconstructions after subtotal gastrectomy included in this study. We added a short explanation to the text (lines 175-177).