

ANSWERING REVIEWERS



January 04, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6581-review.doc).

Title: Laparoscopic surgery for benign and malign diseases of the digestive system: indications, limitations, evidence

Author: Markus Alexander Küper, Friederike Eisner, Alfred Königsrainer, Jörg Glatzle

Name of journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6851

Columns: *Topic Highlights*

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

(1) Thank you very much for your comment. The manuscript has been reviewed by a native speaker and the language issues should have been fixed.

(2) Thank you very much for your quality comments and considerations which we want to answer as follows:

The redundancy of the advantages of laparoscopy is due to the overall organization of the manuscript with separation in the different organ systems.

We chose to show for the different organ systems the evidence regarding comparison between the laparoscopic and the open surgical techniques both for postoperative and oncological outcomes. Your statement, that "it is clear that laparoscopy has numerous advantages versus open surgery, it is well known" is the conclusion of this evidence. We think that this evidence should be mentioned for the different organ systems in the specific organ section as some readers might be interested in only specific organ sections.

We agree that question of how to deal with malign diseases after introduction of minimally invasive surgery is the most important issue of laparoscopic surgery. However, the most recent publications on this issue are presented in each organ section. E.g. for colorectal and gastric surgery it has been proven that laparoscopic surgery is equivalent to open surgery regarding oncological outcome. This has been stated both in the specific organ section and in the conclusion. Regarding other organs like esophagus, liver or pancreas there clearly is a lack of high-quality evidence of equivalency of oncological outcome after laparoscopic or open surgery. This has been addressed in the specific organ section as well as in the conclusion.

In conclusion, the question of dealing with malignancy is unanswered by now and cannot be answered by us. We tried to emphasize this in the conclusion section.

(3) Thank you very much for your comment and consideration. We changed the title according to your suggestion.

(4) Thank you very much for your comments and considerations which we want to answer as follows:

We apologize that we did not clearly describe the objective of this overview. We wanted to give an overview over the evolution of laparoscopic surgery over the past three decades and present the current evidency for laparoscopic surgery in the digestive system. This article is not meant as a review of the complete field of laparoscopic surgery but shall give an overview over the abilities of current laparoscopic surgery mainly for non-surgeons. Therefore we focused on the highest quality evidence for each organ system, otherwise it would have been gone beyond the scope of this article. We emphasized the objective of this overview by changing the final sentence in the introduction section.

We apologize for the imprecise phrasing of this passage, as we wanted to say that any type of gastrointestinal resection has been performed by now. Of course it is dependent on the patient's condition whether it is possible to perform laparoscopic surgery. We changed the corresponding sentence.

Again, we apologize for imprecise phrasing. You are absolutely right when you state, that in robotic surgery there is no tactile perception at all. However, we wanted to say that a combination of navigation and robotic systems might to some degree adjust the disadvantage of reduced tactile perception by using the improved preoperative imaging techniques for planning the operative procedure. We changed the sentence accordingly.

We agree that the total costs of laparoscopic surgery might be equivalent to open surgery if you have in mind the proven advantages of laparoscopic surgery (less hospital stay, lower incidence of complications, shorter time to rehabilitation etc.). However, undoubtedly the procedural costs of the surgical procedure itself is higher in laparoscopic surgery compared to open surgery due to the increased technical requirements especially if you consider major surgery like esophageal, liver or pancreatic surgery. We added this passage to the corresponding sentence.

Thank you for the comments to the important two studies regarding esophageal cancer. We added these two articles to the references.

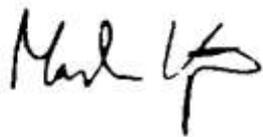
We cancelled the term "advanced" from the Stomach section.

We adjusted the final sentence in the Conclusion section to emphasize that evidence on oncological outcome for esophageal, liver and pancreatic surgery is lacking by now.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Markus KÜPER' with a stylized flourish at the end.

Markus Alexander KÜPER, MD
Department for General and Visceral Surgery
Bundeswehr Hospital Berlin
Scharnhorststraße 13, D-10115 Berlin, Germany
Tel.: +49-30-28411229
Fax: +49-30-28411299
E-mail: Markus.kueper@med.uni-tuebingen.de