

Re: Manuscript # 69311 “Superior Pancreatic Lymphadenectomy with Portal Vein Priority via Posterior Common Hepatic Artery Approach in Laparoscopic Radical Gastrectomy”

Dear editors,

Thank you for reviewing our manuscript # ***69311 “Superior Pancreatic Lymphadenectomy with Portal Vein Priority via Posterior Common Hepatic Artery Approach in Laparoscopic Radical Gastrectomy”***

We are pleased that the manuscript was favorably reviewed and was found to be potentially acceptable for publication pending resubmitting.

We thank the reviewers for their valuable insight and comments as these serve to further strengthen our manuscript.

As requested, we have provided a point-by-point response to each of the editor’s and reviewer’s comments with relevant changes made to the manuscript.

1 Peer-review report

Reviewer #1: Technically good work. However, the number of cases is limited. Detailed statistical studies have not been conducted. Data on nodal station 8p in Table 2 are too insufficient to make an assessment.

We thank the reviewer the comments. Although the case number is limited, we would like to introduce this new skill in gastrectomy for gastric cancer, and may further enlarge the sample size as a registered prospective study. We have agreed to transfer the article to world journal of clinical cases.

2 Editorial Office's comments

1) Science Editor: This prospective study is an excellent technical note of superior pancreatic lymphadenectomy focusing on station 8p lymph nodes in laparoscopic radical gastrectomy. However, the clinical relevance of this procedure can't be supported by the data in this study. For example, according to the total number of lymph node examined (TNLE), only one-fourth ($14/51 = 27\%$) of patients had their station 8p lymph node harvested, assuming that each patient had one station 8p lymph node at most. The authors should justify the unnecessary station 8p lymphadenectomy (LND) on the remaining three-fourths of patients.

We thank the editor for the positive comments on our study. It is true that only 14 lymph nodes at station 8p were harvested among the 51 patients. As such, some patients had no examination of lymph nodes at station 8p. All the surgeries were performed by three surgical teams in our department. As such, surgeon's preference, patient condition and some other unidentified factors might impact the results. Even though, the current study documented that the incidence of lymph node metastasis at station 8p was about 14%.

The abbreviation "TNLE" should be explained when it was used at the first time. The total references number ($n=24$) is low. $\%$ ($12/24 = 50\%$) of the cited references represent publications from the recent 5 years. The sequential processes of superior pancreatic lymphadenectomy should be demonstrated by photos or short video-clips (preferred). The abbreviations "BMI" and "TNM" should be explained in Table 1.

We politely think the references we cited are all closely relevant, although some of them were published more than five years ago. We personally think the date of publication does not impact the significance of some critical articles. We have added the full explanation of the abbreviations in the text and tables as well. We have also provided the process of superior pancreatic lymphadenectomy.

The language quality is grade B. Please visit the following website for the professional English language editing companies that we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>. All authors must provide their personal ORCID registration number. Please visit the ORCID website at <https://orcid.org/> for more information.

We have a senior professor and a native English speaker revised our manuscript. And all the authors ORCID registration number have been provided during submission.

The "Author contributions" section is missing. Please provide it after "The institutions" section. The "Supportive foundations" section is missing. Please provide it after the "Author contributions" section. The "Core tip" section is missing. Please write a summary of no more than 100 words to present the core

content of your manuscript, highlighting the most innovative and important findings and/or arguments. Please provide it after the "Key words" section. The "Acknowledgements" section is missing. Please provide it after the "Conclusion" section in the main text.

We have provided all missing parts as required.

As a prospective study, it is unacceptable that the studying period "between June 2018 and June 2020" is earlier than the IRB approval issue date "2021.07.27". The authors should start the study after the IRB approval issue date. Besides, the authors offered only Institutional Review Board Approval Form and CONSORT 2010 Statement. Clinical Trial Registration Statement, Conflict-of-Interest Disclosure Form, Informed Consent Form, and Copyright License Agreement are missing. Biostatistics Review Certificate is waived due to the study design (no statistical analysis in this study). Finally, all the issues raised by the peer reviewer should be addressed.

Although the surgeries were prospectively performed, the data were retrospectively collected. As such, we changed the study type as "retrospective" study. The study has not been registered. A waiver of informed consent was obtained, since the data were analyzed from the electronic medical record and reported without personal identifiers.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Transfer to another BPG Journal

2) Editorial Office Director: I recommend the manuscript to be published in the World Journal of Clinical Cases. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Before final acceptance, authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

3) Company Editor-in-Chief: I recommend the manuscript to be published in the World Journal of Clinical Cases. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Before final acceptance, authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

We have provided all the primitive figures, and revised the tables.

Thank you very much in advance for your critical comments and consideration of our manuscript!

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