March 11, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7042-review.doc).

Title: Techniques and feasibility of laparoscopic extended right hemicolectomy with D3 lymphadenectomy

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7042

The manuscript has been improved according to the suggestions of reviewers:

Reviewer 1

This manuscript is about the feasibility of laparoscopic extended right hemicolectomy with D3 lymphadenectomy. The authors concluded that this technique is feasible although the final long-term outcome is not available due to short follow up period. There are several minor concerns to be addressed.

1). Usually the benefits of laparoscopic surgery are rapid postop recovery, less blood loss, less pain, better QOL, less scar, etc. However, in the current manuscript, only less blood loss is evident. The difference in the time to flatus and diet is only less than one day. Are there any available data about postop pain scoring, QOL, or length of surgical scar? It may better if some of these data can be suggested.

>>>> Thank you for your valuable comments. It's true that the benefits of laparoscopic surgery usually include the fast recovery, less blood loss, less pain and etc. However, the data like pain scoring, QoL, or length of surgical scar were unavailable in this retrospective study. Although the differences in the time to flatus and diet between the two groups look like clinically irrelevant, the results are consistent with the previous reports [1-4].

2). In the discussion section, the authors mainly deal with surgical technical matters than analysis of outcome. In addition, the outcome in the current study is rather "feasibility" than long-term outcome. Therefore, the title may have to be changed to "Techniques and feasibility…".

>>>>Thanks. We have rephrased the title according to your comments.

3). There are many inappropriate English expressions. They may have to be corrected.

>>>>Thanks. The English writing has been improved by the assistance of a

professional scientific English editing company.

Reviewer 2

The authors tried to show the safety and techniques of laparoscopic extended right hemicolectomy with D3 lymphadenectomy (LERH). Although the description of the techniques of LERH is well written, I have some concerns regarding this paper.

1). The authors stated that cancer at the hepatic flexure has an increased risk of infra-pyloric lymph node metastasis. However, the frequency of infra-pyloric lymph node metastasis is considered to be quite low. The authors should show the percentage of infra-pyloric lymph node metastasis in their patient series. Because laparoscopic right hemicolectomy with preserving the right gastroepiploic vessels is the standard and well established technique, the authors should show the data and the rationale why the dissection of infra-pyloric lymph node is necessary in all patients with hepatic flexure cancer.

>>>> Thank you for your valuable comments. Reference 5 showed that an advanced tumor located at or within 10 cm distal to the hepatic flexure has an increased risk of infra-pyloric lymph node metastasis. In the past decades, we followed the rules that a tumor located in located at or within 10 cm distal to the hepatic flexure, advanced stage, and potential metastasis risk.

2). The follow-up period is too short and therefore cancer recurrence rate can not be compared.

>>>> Thanks. The median follow-up time for the LERH and OERH groups (14.6 months vs. 16.6 months) was relatively short. However, the follow-up period for the patients with LERH or OERH was the year of 2008-2011 (about 3 years), thus, we believe that the comparisons of the 3-year recurrence rates (estimated from the median follow-up time of 14.6 or 16.6 months) between the two groups are acceptable.

3). The p-value should be shown as the specific value, not as >0.05.

>>>> All p-values have been given specifically in relevant parts in the present study.

References and typesetting were corrected

References:

1.Veldkamp R, Kuhry E, Hop WC, Jeekel J, Kazemier G, Bonjer HJ, Haglind E, Pahlman L, Cuesta MA, Msika S, Morino M, Lacy AM. Laparoscopic surgery versus open surgery for colon cancer: short-term outcomes of a randomised trial. Lancet Oncol 2005;6:477-484. ,

2. Fleshman J, Sargent DJ, Green E, Anvari M, Stryker SJ, Beart RW, Jr., Hellinger M,

Flanagan R, Jr., Peters W, Nelson H, Clinical Outcomes of Surgical Therapy Study Group. Laparoscopic colectomy for cancer is not inferior to open surgery based on 5-year data from the COST Study Group trial. Ann Surg 2007;246:655-662; discussion 62-64.

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

Sincerely yours,

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