

ANSWERING REVIEWERS



February 20, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 7462-review.doc).

Title: Proximal gastrectomy with jejunal interposition and total gastrectomy with Roux-en-Y anastomosis for proximal gastric cancer

Author: Ping Zhao, Shuo-meng Xiao, Ling-chao Tang, Zhi Ding, Xiang Zhou, Xiao-dong Chen

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 7462

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

Reviewers 1:

Major 1. An illustrations or schema for two operative procedures is preferable. It is difficult to understand whether the DT (double tract), JI (jejunal interposition), or JPI (jejunal pouch interposition) as a concrete method of reconstruction. 2. Why is there a difference in length of hospital stay? Are there any differences in Clinical path you are running? The description of postoperative complications except anastomotic leakage. 3. If possible, and I think it is desirable that the anemia should be clarified in more detail (macrocytic or microcytic?, hypochromic?).

Minor 1. In the TGRY group, six patients of reflux esophagitis are described in manuscript, but in the Table 2, the number of reflux esophagitis is 2. You should be corrected the value. 2. Are there any discussion of the use of the PPI for peptic ulcer after TG ? 3. P-values should be specific value.

Answering:

Thanks for the reviewer's kind advice.

Major1: The figure of the total gastrectomy procedures is added. The JI (jejunal interposition) is the method of reconstruction and the mark is done.

2: In JI group, feeding time after surgery was longer than of the TGRY group. Due to more anastomosis was performed and more complicated surgical procedures, we prudently prolonged the feeding time. No differences were observed between two groups for the postoperative complications, such as surgical site infection, bleeding. The data were added in the manuscript. But,

more sample size maybe bring in different results.

3. In the second year, six patients with macrocytic anemia were found in the TGRY group and two patients with macrocytic anemia were found in the PGJI group. The data was modified.

Minor1: Two patients of reflux esophagitis were found in the TGRY group, the data was modified.

2. During our careful proofing, the patient with anastomotic ulcer was found in the PGJI group, not the TG group. Thank your painstaking reviewing. The data was modified.

3. P-values were modified.

Reviewers 2:

The aim of this study was to compare the short-term outcomes of patients who underwent PGJI with those underwent total gastrectomy with Roux-en-Y anastomosis (TGRY). The study is interesting and significant in the field, most likely having impact on treatment of cancers in the upper third of the stomach although some similar studies had been published. There are several issues needed to be addressed. 1. In the methods, the authors should present IRB approval, informed consent, how the patients were selected (indication and contraindication) and how the treatments were assignment (random or at the discretion of investigators or patients themselves)? 2. In the surgery procedures for PGJI, gastroduenostomy and jejunojejunostomy were not described very clear, especially the anastomosis site. 3. In statistical analysis, to compare the two groups, Pearson's χ^2 test and Fisher's exact test need to be used for categorical variables, for continuous variables, the author should use student's t-test. The follow-up should be mentioned in statistical analysis. 4. In the results, author should describe clearly "the hospital stay" is from the first day in hospital or the first day after surgery? In table 1 hospital stay (day) should be hospital (days) and in the footnote, the statistical methods were not suitable. 5. In results, the abbreviation was not the same as the abbreviation ahead. 6. The study mentioned the followup results after 2 years of surgery, so the title "short-term outcomes" was not suitable. 7. There was no figure legend for Fig 1, and the anastomosis site should be pointed. It is better to add the figures of TGRX. 8. The manuscript needs editing for grammar throughout.

Answering:

Thanks for the reviewer's kind advice.

1. In the methods, we have present IRB approval, informed consent. At the same time, we add to the method to select patients and to assign treatment.
2. We clearly modify the surgery procedures.
3. We have revised it according reviewer's comments.

4. The hospital day is from the first day in hospital to discharge. We have revised it according reviewer's comments.
5. We have revised it according reviewer's comments.
6. We have modified "short-term outcomes" to "follow-up outcomes"
7. The figure of the total gastrectomy procedures is added. We have revised it according reviewer's comments.
8. We have revised it according reviewer's comments.

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

Sincerely yours,

Peter Laszlo LAKATOS, MD, PhD

1st Dept. of Medicine

Semmelweis University

Budapest, Koranyi 2A

H-1083-Hungary

Fax: +36-1-313-0250

E-mail: kislakpet@bell.sote.hu