June 30, 2023
Dear Dr. Ma and dear reviewers,
Re: Manuscript No. 84437

Please find enclosed a revised version of our manuscript entitled “Laparoscopy-assisted gastrectomy for advanced gastric cancer patients with situs inversus totalis: report of two cases and literature review” which we would like to resubmit for publication as a case report in World Journal of Gastrointestinal Surgery.

Your comments and those of the reviewers are valuable and very helpful. We have read through comments carefully and have made corrections. Based on the instructions provided in your letter, we uploaded the file of the revised manuscript. Revisions in the text are shown using red highlight for additions, and strikethrough font for deletions. The point-by-point responses to each of the comments of the reviewers are marked in red and presented following.

We would love to thank you for allowing us to resubmit a revised copy of the manuscript and we highly appreciate your time and consideration.

Sincerely yours,
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Reviewer #1:

Q1. Please decribed detailed operative procedure. (i.e. where the procedure was started from, how to do. etc.).

Respond: Thank you for your suggestion. We performed the laparoscopy-assisted distal gastrectomy and standard D2 lymph nodes dissection and laparoscopy-assisted total gastrectomy and standard D2 lymph nodes dissection. The detailed operative procedures are consistent with the description on pages 3439-3489 of the 12th edition of the Maingot's abdominal operations[1]. In general, in the operative procedure of radical gastrectomy, there was no significant difference between our two situs inversus totalis cases and normal one.

[1] In: Zinner MJ, Ashley SW. eds. Maingot's Abdominal Operations, 12e . McGraw Hill; 2013. Accessed June 29, 2023.

Q2. These two cases received laparoscopic surgery. So please add the snapshots of important operative filed. Video clip would be better if possible.

Respond: Thank you for your suggestion. As suggested by reviewer, we have added the image of important operative filed as Figure 2. The relevant contents are provided below for your quick reference.

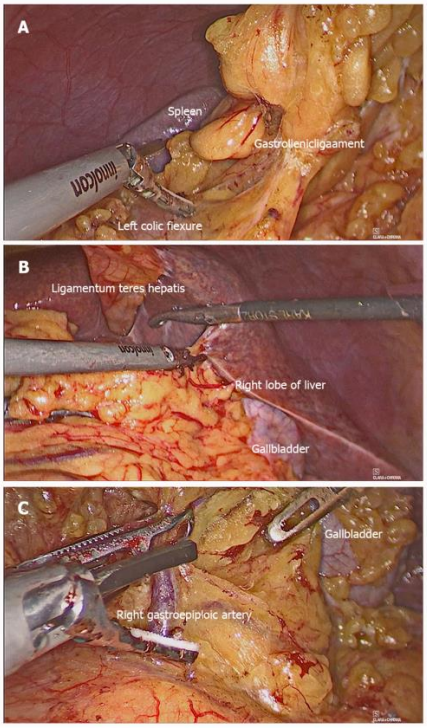


Figure 2: The image of surgery

A: The surgical field showing that the spleen in the right side of the patient. B: The surgical field showing that the gallbladder and right lobe of liver in the left side of patient. C: The key procedure during surgery: dissecting station 6 lymph nodes.

The picture above proofed that the patient had situs inversus totalis. The procedure during surgery was opposed to normal surgical procedure.

Q3. So, were there any vascular variants in these two cases?

Respond: Thanks for your suggestion. We apologized for the oversight caused by our unclear description. we have discribed on page7 line 170-175 and page 8 line 201-210 of revised manusript. The relevant contents are provided below as a screen dump for your quick reference.

166 ***Imaging examinations***↵
167 Case 1: Abdominal contrast-enhanced computed tomography (CT) revealed mirror
168 transposition of all organs (Figure 1A) and thickening of the antral wall (Figure 1B).
169 Besides, PET-CT performed in a local hospital revealed increased metabolism of the
170 gastric antrum and surrounding lymph nodes. No abnormal course of vascularity was
171 found in this process.↵
172 Case 2: Abdominal contrast-enhanced CT revealed mirror transposition of all organs
173 (Figure 1G) , localized thickening of the cardia and smaller curvature of the stomach,
174 and increased numbers of peri-gastric small lymph nodes (Figure 1H). No abnormal
175 course of vascularity was found in this process.↵

200 10 mmHg. The other four trocars were placed in the bilateral subcostal and lateral
201 abdominal area, arranged in a "U" shape (Figure 1C). No implantation metastasis and
202 vascular variants were found (Figure 2).↵
203 The procedure lasted for 240 minutes, and the estimated blood loss was 50 mL. A
204 total of 34 Lymph nodes were retrieved. The lesion was located in the antrum, and there
205 were enlarged lymph nodes; also, there was no visible invasion of the serous layer. The
206 final pathological stage was ypT0N0M0. None of the 34 retrieved lymph nodes (Figures
207 1E and 1F) showed metastasis.↵
208 Case 2: The patient accepted LATG with standard D2 LND and Roux-en-Y
209 reconstruction. The position of the surgeon and placement of trocars were the same as
210 those in case 1. No implantation metastasis and vascular variants were found.↵

Q4. The second sentence in conclusion might be removed. I cannot understand what is sufficient preoperative evaluation, comprehensive planning of operation, meticulous manipulation or tacit cooperation in these cases. If the authors want to highlight this study, there might be something difference compare with other studies. If not, just adding the SIT cases, the second sentence in conclusion should be removed.

Respond: We think this is an excellent suggestion. Our intention is to emphasize that every step mentioned earlier is important, but it doesn't seem to highlight the key points. We have deleted the second sentence (in previous page 15 line 360-364) in conclusion of the revised manuscript. The relevant contents are provided below as a screen dump for your quick reference.

360 **CONCLUSION**↵
361 In conclusion, laparoscopic gastrectomy with D2 LND should be considered an
362 accessible, safe, and curative procedure for advanced GC with SIT.↵
363 ↵

Reviewer #2:

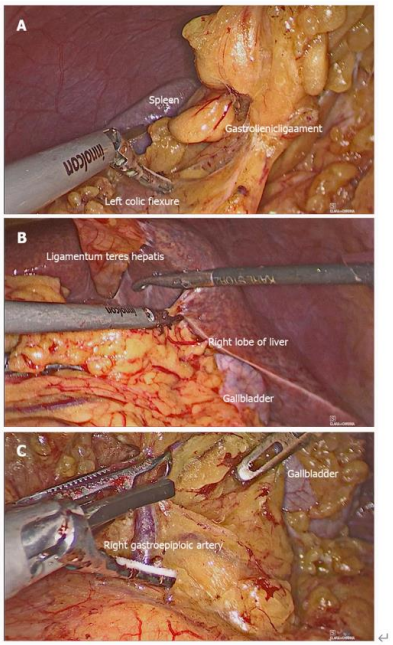
Q1. There are many case reports and also systematic reviews about gastrectomy or gastric surgery in patients with situs inversus. These operations appear to be easy and safe to perform. Unfortunately, the paper does not provide any new information on this.

Respond: Thanks for your suggestion. There are indeed few case reports and also systematic reviews about gastrectomy or gastric surgery in patients with situs inversus. But we reviewed all articles in the previous 11 years and summarized 31 cases. And what we want to emphasize is the rarity of cases. Besides, the focus of our discussion is consensus of surgical modality, position of surgeon and extend of Extend of lymphadenectomy.

Reviewer #3:

Q1. This short report of Lap D2 gastrectomy in situs inversus is indeed rare. Some interesting and meaningful ideas need to be incorporated, so as to make the paper more interesting to the readers. A video, few good pictures will add interest. Use of innovative endoscopic instruments, ergonomics of handle sizes, powered functions and also innovative ideas like a mirror imaging so that the surgeon can focus on the reverse image certainly will improve patient safety and help diminish surgeons physical stress and also ease their movements during the act of surgery. Use of fexible staplers improving erognomics and also the value of minimal disturbance in immune system in lap surgery for better oncological outcome can be discussed.

Respond: Thank you for your suggestion. Firstly, we have added the image of important operative filed as Figure 2. The relevant contents are provided below for your quick reference.



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Secondly, your suggestion is indeed helpful, but this type of case is rare, and most hospitals do not routinely prepare instrument for such cases. It would be a waste of medical resources. What we need to focus on is using conventional equipment to deal with these rare cases.

Reviewer #4:

Q1. It is retrospective study but data interpretation looks like a prospective study as the samples are equally matched in both the groups. This is possible only if you do propensity score matching study and you will be able to justify it as per my knowledge, however the comments of the other reviewer is also important and to be taken in consideration.

Respond: We apologize for the misunderstanding caused. We stated that this article is a case report and literature review on title. Our article type is case report and literature review but not retrospective study or prospective study. In the process of review literatures, we review past cases and look ahead to future surgical trends which may cause you misunderstand.