

ANSWERING REVIEWERS



October 14, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: ESPS-21851-cleared.doc).

Title: Intracorporeal esophagojejunostomy after totally laparoscopic total gastrectomy: A single-center 7-year experience

Authors: Ke Chen, Yu Pan, Jia-Qin Cai, Xiao-Wu Xu, Di Wu, Jia-Fei Yan, Rong-Gao Chen, Yang He, Yi-Ping Mou

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript No: 21851

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

1 Format has been updated.

2 Revisions have been made according to the suggestions of the reviewers

Comments from the reviewer: Authors conducted the study to evaluate the safety and efficacy of intracorporeal esophagojejunostomy in patients who underwent laparoscopic total gastrectomy (LTG) for gastric cancer. They concluded that LTG with intracorporeal esophagojejunostomy using laparoscopic staplers was safe and feasible for patients with gastric cancer. I think that this paper is well studied and well written. However, some minor revisions are required. Please find my comments.

1. Four types of intracorporeal esophagojejunostomies using stapler or hand-sewn suturing are shown in this study (Type A-D). How did surgeons determine the method? Was it related to surgeon's experience or time trend such as the progression of equipment?

Please explain the reasons in the Methods section.

Answer: Generally, there are two approaches for intracorporeal gastrointestinal reconstruction, including mechanical circular or linear stapling and hand-sewn suturing technique. However, in our practice, we found that there are some limitations in mechanical approaches. Therefore, we began to use intracorporeal hand-sewn gastrointestinal anastomosis in September 2012. We recommend that the reconstruction method using staplers should be selected on the basis of the location of the tumor. According to our experience, the side-to-side or delta-shaped esophagojejunostomy using linear staplers can be used for patients with the lesions in the body and fundus of the stomach as well as the lower cardia while the end-to-side esophagojejunostomy using circular staplers are chosen for patients with lesions in the upper and middle cardia. If the surgeon was well experienced with the laparoscopic hand-sewn technique, it can be used after total gastrectomy regardless of tumor location.

2. Authors revealed that the total complication rate was 17.3% in this study. I think that this rate seems to be higher compared to that in the conventional surgery. Regarding this point, authors had better add the description in the Discussion section.

Answer: This is because that early experience cases were included in this study. In two larger sample size studies from Japan and Korea, the postoperative complication rates after laparoscopy-assisted total gastrectomy (LATG), which is a more mature method of laparoscopic total gastrectomy, were 18.0% and 19.1%, respectively ^[1,2]. Our study focuses on the evaluation of various types of intracorporeal esophagojejunostomy after TLTG in terms of technical aspects, therefore, postoperative complications were covered, but not discussed in detail in the Discussion section.

References

1. Jeong GA, Cho GS, Kim HH, Lee HJ, Ryu SW, Song KY. Laparoscopy-assisted total gastrectomy for gastric cancer: a multicenter retrospective analysis. *Surgery* 2009;146: 469-474. [PMID: 19715803 DOI: 10.1016/j.surg.2009.03.023]
2. Wada N1, Kurokawa Y, Takiguchi S, Takahashi T, Yamasaki M, Miyata H, Nakajima K, Mori M, Doki Y. Feasibility of laparoscopy-assisted total gastrectomy in patients with clinical stage I gastric cancer. *Gastric Cancer* 2014;17: 137-140. [PMID: 23430265 DOI: 10.1007/s10120-013-0235-0]

3. There are some grammatical errors in this paper (e.g. page 5).

Answer: The revised paper has been polished in language by a native English speaking medical editor.

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, reading "Yi-Ping Mou". The signature is written in a cursive, flowing style. The first name "Yi-Ping" is written in a larger, more prominent script, and the last name "Mou" is written in a smaller, simpler script to the right.

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