

Jun. 26th, 2021

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The editor-in-chief

World Journal of Gastrointestinal Surgery

Thank you for giving us the opportunity to submit a revised draft of the manuscript “Defecation disorders are crucial sequelae that impairs the quality of life of patients after conventional gastrectomy” for publication in the *World Journal of Gastrointestinal Surgery*. We appreciate the time and effort that the Reviewers and Editorial Office dedicated to providing feedback on our manuscript and are grateful for the insightful comments on and valuable improvements to our paper.

This study identified the features of defecation disorders after gastrectomy and explored its implication on the daily lives of patients in a large cohort using the Postgastrectomy Syndrome Assessment Scale (PGSAS)-45. We believe that our study makes a significant contribution to the literature because the study’s findings have substantial implications for the field as they deal with the outcomes of gastric surgery and its relationship to defecation disorder symptoms’ impact on the daily lives of patients.

Further, we believe that this paper will be of interest to the readership of your journal because the severity of symptoms of defecation disorders were unexpectedly high and both symptoms, particularly constipation, impaired the living status and quality of life of patients after gastrectomy we analyzed.

This manuscript has not been published or presented elsewhere in part or in entirety and is not under consideration by another journal. All study participants provided informed consent, and the study design was approved by the appropriate ethics review board. The statistical review of the study was performed by a biostatistician. This manuscript had an English language editing by Editage (www.editage.com). All the authors have read the manuscript and have approved

this submission. Financial support for this study was provided by a grant from Jikei University and Japanese Society for Gastro-surgical Pathophysiology. This study was registered with the University Hospital Medical Information Network's Clinical Trials Registry (UMIN-CTR; registration number 000002116). We have read and understood your journal's policies, and we believe that neither the manuscript nor the study violates any of these. There are no conflicts of interest to declare.

Please see below, in blue, for a point-by-point response to the reviewers' and Editorial Office's comments and concerns.

1 Peer-review report

Reviewer #1:

This is a well-structured and well-written cross-sectional study, with a large sample and important findings for use in clinical practice, despite the limitations of retrospective studies. The topic studied is relevant and still little discussed in the literature. The appropriate instruments were used and the statistical study demonstrated was elegant. I miss a summary explanation of the QOL tool used (PGSAS-45) and a brief description of its domains, but the reader was directed to search the pertinent literature.

[Author response: Thank you very much for your kind comments.](#)

The causal relationship between the symptoms could be better explored and their temporal behavior (improvement or worsening with the postoperative time) could have been reported even though only a single point data collection (comparing the scores at different times after the operation with Spearman's correlation coefficient, see Pinheiro RN et al. Quality of life as a fundamental outcome after curative intent gastrectomy for adenocarcinoma: lessons learned from patients. *J Gastrointest Oncol* 2019. doi: 10.21037 / jgo.2019.06.05).

[Author response: Thank you very much for your valuable comments.](#)

- (1) We explored the relationship between the defecation disorder symptoms and other postgastrectomy symptoms using Pearson's product-moment correlation coefficient (Table 4). And there were significant positive correlations between defecation disorder symptoms and all other postgastrectomy symptoms ($P < 0.001$).
- (2) We explored the effect of postoperative time on defecation disorder symptoms by multiple regression analysis, and we confirmed that the postoperative time had no significant effect on these symptoms in the present study (Table 6).

2 Editorial Office's comments

1) Science Editor:

1 Scientific quality: The manuscript describes an Observational Study of the Defecation disorders after gastrectomy. The topic is within the scope of the WJG.

(1) Classification: Grade B;

(2) Summary of the Peer-Review Report: This is a well-structured and well-written cross-sectional study, with a large sample and important findings for use in clinical practice. The causal relationship between the symptoms could be better explored. The questions raised by the reviewers should be answered;

Author response: Thank you very much for your kind comments. I truly answered the questions raised by the reviewers.

(3) Format: There are 6 tables;

(4) References: A total of 50 references are cited, including 4 references published in the last 3 years;

(5) Self-cited references: There are 7 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e. those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated.

Author response: Thank you very much for your valuable counsel about self-referencing. I understand that I should esteem the journal policy of "the self-referencing rates should be less than 10%", however, I couldn't remove any of

self-cited references because each of them is closely related to the topic of the manuscript. Specifically, reference 7 (Tanizawa *et al.*) showed the characteristics of dumping syndrome in detail and factors which closely related to the intensity of dumping syndrome, reference 12 (Nakada *et al.*) showed the large impact of dumping and small stomach syndrome on postgastrectomy daily living, reference 18 (Nakada *et al.*) showed the validation of Postgastrectomy Syndrome Assessment Scale (PGSAS)-45, reference 25 (Kawamura *et al.*) showed the accelerated gastric emptying after gastrectomy, reference 28 (Konishi *et al.*) showed the relationship between rapid gastric emptying and diarrhea/dumping symptom after gastrectomy, and reference 39 and 40 (Takiguchi *et al.* and Takahashi *et al.*) showed that diarrhea appeared more strongly after total gastrectomy compared with both after proximal gastrectomy and distal gastrectomy even after adjusting several clinical factors by multiple regression analysis. Therefore, I ask your generous consideration for these self-referencing.

2 Language evaluation: Classification: Grade B. A language editing certificate issued by editage was provided.

3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the Institutional Review Board Approval Form, Written informed consent, and STROBE Statement. No academic misconduct was found in the Bing search.

4 Supplementary comments: This is an invited manuscript. The study was supported by Jikei University and Japanese Society for Gastro-surgical Pathophysiology. The topic has not previously been published in the WJG.

5 Issues raised:

(1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

Author response: Thank you very much for your kind indication. I provided the approved grant application forms.

(2) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text. 6 Recommendation: Conditional acceptance.

Author response: Thank you very much for your kind indication. I added the “Article Highlights” in the manuscript.

2) Editorial Office Director: No comment

3) Company Editor-in-Chief:

I recommend the manuscript to be published in the World Journal of Gastrointestinal Surgery.

Author response: Thank you very much for your kind instruction. I will submit this work to the World Journal of Gastrointestinal Surgery after revise the manuscript according to the Reviewer's and Editorial Office's comments.

Sincerely,

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