

**Reviewer Name: Anonymous**

**Review Date: 2018-03-18 14:59**

Comments To Authors:

- 1) This meta-analysis includes the reports in which distal gastrectomy and reconstruction were performed with laparoscopic surgery. Laparoscopic surgery contributes to decreasing various complications. But the author did not assess and discuss about the influence of laparoscopic surgery on the conclusions. I think you should analyze it or discuss about it in “Discussion” session.
- 2) The definitions of each complication are vague. The results and conclusions mostly depend on these definitions. Therefore, the authors should clarify the each definition in all reports included in this meta-analysis. Moreover, the authors should discuss about how much the difference of these definitions of each complication affect the conclusions.

**Response:** We noticed that laparoscopic technique was used in two studies. Considering that laparoscopic surgery may contribute to decreasing various complications. So, we assess the influence of laparoscopic surgery on the conclusions. The results showed that there were no statistically significant differences in outcomes between patients undergoing U-RY reconstruction and those receiving RY reconstruction using laparoscopic surgery (Table 8).

**Response:** We have made correction according to the reviewer’s comments. The definition of postoperative complications in the included studies is shown in Tables 5. Subgroup analyses were undertaken for relevant outcome measures by including studies with laparoscopic technique and different definitions (Table 8). When pooling studies using the definition D, patients undergoing U-RY reconstruction had lower roux stasis syndrome rate than those receiving RY reconstruction (OR, 0.08; 95% CI, 0.01, 0.85;  $P = 0.04$ ). However, there were no statistically significant differences in any other defined outcomes.

Special thanks to you for your good comments.

**Reviewer Name: Anonymous**

**Review Date: 2018-03-19 13:27**

Comments To Authors:

Uncut Roux-en-Y reconstruction is indeed a hot topic. The major concern for present study is that, the enrolled studies for pooled analysis is of low quality. So the pooled results have bias. I suggest that the author conduct a systematic review, rather than conduct a meta-analysis.

**Response:** After reading the reviewers' comments, we carefully studied the articles that were included. In our study, 2 RCTs and 4 OCS were included. We used the Jadad scoring system and the Newcastle–Ottawa scoring system to assess the RCTs and the nonrandomized OCS, respectively. We found that four OCSs and one RCT are of high quality. However, only one RCT was found to be of low quality (Table 1). It is worth noting that in clinical practice, double blinding is difficult for some randomized controlled trials such as surgical systems. Therefore, using the Jadad scoring system may reduce the quality of the study. For the problem that low quality study will have a certain effect on the results, we have already stated the limitations of the article in the discussion section. The choice of systematic review or meta-analysis depends on the homogeneity of the study rather than the quality of the study. The studies we included have similarities and good homogeneity. So, I think that it is suitable for a meta-analysis.

Special thanks to you for your good comments.

**Reviewer Name:**     **Anonymous**

**Review Date:** 2018-03-20 10:58

Comments To Authors:

1. In the Figure 2, a study conducted by Park et al. had a different pattern. How the authors deal with this issue?
2. How about the assessment of "risk of bias"?

**Response:** We found a different pattern of the study conducted by Park et al. It might lead to a significant heterogeneity. So, we conducted sensitivity analysis to deal with this issue (See Table 6). However, no reason for excluding the aforementioned study was found after checking it carefully. Therefore, it was considered that the heterogeneity was caused by the differences in operative technique, experience of the surgeons, postoperative management, and so on. We used random-effects models to handle it. For detailed discussions, please see the subgroup and sensitivity analyses section.

**Response:** The data were extracted independently by two authors. The RCTs were assessed using the Jadad scoring system. The Newcastle-Ottawa Quality Assessment Scale was used to evaluate the nonrandomized OCS. The quality of the studies was assessed by two reviewers independently and is displayed in Tables 1 and 2. Moreover, if the heterogeneity was high, subgroup and sensitivity analyses were performed to find the source of the heterogeneity. The funnel plot was constructed to detect potential publication bias.

Special thanks to you for your good comments.