

Format for ANSWERING REVIEWERS



December 11 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: **6474-edited-Kang CM-R1-final.doc**).

Title: Minimally Invasive Radical Pancreatectomy for Left-sided Pancreatic Cancer; Current Status and Future perspectives

Author: Chang Moo Kang, M.D., Sung Hwan Lee, M.D., Woo Jung Lee, M.D.

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6474

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Authors Response to Editorial Comments

* Dear author,

For manuscripts submitted by non-native speakers of English, please provided language certificate by professional English language editing companies mentioned in '**The Revision Policies of BPG for TOPIC HIGHLIGHT**'.

➔ We provide language certificate [85A9-1D58-F7BB-F927-6BE7] by professional English language editing company [AJE] recommended by editor. Please refer to attached file.

(1) A short running title of less than 6 words should be provided. (**page 1**)

➔ Minimally invasive radical distal pancreatectomy

(2) **for example: Correspondence to: Koji Takeuchi, PhD**, Department of Pharmacology and Experimental Therapeutics, Division of Pathological Sciences, Kyoto Pharmaceutical University, Misasagi, Yamashina, Kyoto 607-8414, Japan. takeuchi@mb.kyoto-phu.ac.jp (**page 1**)

➔ Woo Jung Lee, M.D., PhD

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(3) Telephone and fax should consist of +, country number, district number and telephone or fax number,

e.g. Telephone: +86-10-59080039 Fax: +86-10-85381893 (**page1**)

→ Telephone: +82-2-2228-2120, Fax:+82-2-313-8289

- (4) Please write a summary of less than 100 words to outline the most innovative and important arguments and core contents in your paper to attract readers. (page 3)

→

Minimally invasive (laparoscopic or robotic) radical distal pancreatectomy is technically feasible and safe for margin-negative resection in well-selected left sided pancreatic cancer. Generally acceptable potential indications are proposed to include the following: 1) pancreas-confined tumors, 2) intact fascia layer between the distal pancreas and left adrenal gland/ kidney, and 3) tumor 1-2 cm from celiac axis. The long-term oncologic feasibility remains to be discerned, but the currently available interim results are encouraging. Further clinical experience with this minimally invasive approach for left-sided pancreatic cancer should be accumulated by experienced surgeons. In the near future, surgical approaches should be specified according to the conditions of the individual pancreatic cancer case.

- (5) The Authors should put the number of the references in Arabic numerals according to the citation order in the text. Put reference numbers in square brackets in superscript at the end of citation content or after the cited author's name. For citation content which is part of the narration, the coding number and square brackets should be typeset normally. For example, "Crohn's disease (CD) is associated with increased intestinal permeability [1,2]" . → **Checked and corrected (page 3~)**
- (6) Please provide PubMed citation numbers for the reference list, e.g. PMID and DOI, which can be found at <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed> and <http://www.crossref.org/SimpleTextQuery/>, respectively. The numbers will be used in the E-version of this journal. Thanks very much for your co-operation → **Checked and corrected (page 12~)**

Authors' Response to Reviewer's comment: 02459269

This comprehensive review is limited severely by the English language used. The manuscript would be improved with further editing. The way the evidence is organized is confusing and needs to be restructured. The review of existing experience is instructive and thorough.

- **We have our manuscript edited again by English proficient editor**
- **We updated recent published data on minimally invasive distal pancreatectomy for pancreatic cancer by modifying manuscript and Table 1 (page 8 & 21)**

Authors Response to Reviewer's comment: 00069082

This is very interesting and comprehensive article on the positive and controversial issues associated with distal pancreatic resection. It is a review that covers all aspects of the problem. It is well-written and informative. The selection of literature is adequate. The conclusions drawn are justified. There are minor editorial problems that can easily be fixed by careful check of the manuscript.

- **We have our manuscript edited by English-fluent agent, and modified according to editor's comments on minor editorial problems.**

Authors' Response to Reviewer's comment: 00503551

In this review article, the clinical evidence of radical antegrade modular pancreatectomy (RAMPS)-based minimally invasive approach (laparoscopic or robotic) for left-sided pancreatic cancer was

reviewed. Recently, the laparoscopic distal pancreatectomy has been widespread and is thought to be acceptable in the oncological aspect in well-selected left sided pancreatic cancer. The authors conclude that the use of laparoscopic or robotic anterior RAMPS is feasible and safe for margin-negative resection in well-selected left sided pancreatic cancer.

1. Throughout the manuscript, same content is repeatedly described and the manuscript looks like too long. → **We tried to shorten the length of our manuscript by omitting repeated contents**
2. There are too many not available data in Table 1. Is this Table necessary? → **We deleted Table 1 in revised version of manuscript.**
3. It would be better to refer to oncological, histopathological and prognostic data obtained by open radical surgery compared with minimally invasive radical surgery. → **We modified previous Table 2 by adding oncological, histological, and prognostic data from open radical surgery (page 9, and 23-24)**

Please add following references.

- 1) Nakao A, et al. Oncological problems in pancreatic cancer surgery. *World J Gastroenterol.* 2006; 12: 4466-72
- 2) Kanda M, et al. Invasion of the splenic artery is a crucial prognostic factor in carcinoma of the body and tail of the pancreas. *Ann Surg.* 2010; 251:483-7
- 3) Yamamura K, et al. Clinicopathologic study of intrapancreatic cancer spread in carcinoma of the body and tail of the pancreas. *Pancreas.* 2012;41:753-8

We included recommended references into the contents and table 1

→(page 9) It is one of the most significant weak points of minimally invasive approach that their oncologic outcomes are still based on short-term follow-up period comparing to open radical pancreatectomy^[14,15,45-47].

Thank you again for evaluating our manuscript submitted to the *World Journal of Gastroenterology*.

Sincerely yours,

Chang Moo Kang/ Woo Jung Lee