

Dear editors,

Thank you very much for your letter and advice on our manuscript. We have addressed the comments raised by the reviewers, and the amendments are highlighted in red in the revised manuscript. We hope that the revision is acceptable and look forward to hearing from you soon.

Reviewer #1 (Reviewer's code: 00503334) :

(1) It is not clear how many related publications has been excluded in the meta-analysis, and the reason why these publications have been excluded. For example, ref 11, the work published by Chen K in 2017, has been excluded in the meta-analysis. To address these questions, please add a selection flowchart and describe these publications in the section of Results.

Answer: In the revised manuscript, we have added a selection flowchart and described these publications in the section of Results, and stated reasons for exclusions. For example, ref 11, the work published by Chen K. in 2017 has been excluded in the meta-analysis, because it was a comparative study of laparoscopic-assisted gastrectomy (LAG) vs totally laparoscopic gastrectomy (TLG) (rather than TLTG vs LATG), which included both total gastrectomy and distal gastrectomy.

(2) Two similar meta-analysis have been published in 2019 and 2016 respectively (Int J Surg. 2019 Aug; 68:1-10 and ref 16), with similar conclusions. It is unreasonable to totally ignore these previous works. Please discuss /compare them in the section of discussion. What's your motivation to do similar analysis again. In other words, what made your work unique?

Answer: So far, we have found 2 similar meta-analysis (articles on TLTG vs LATG for gastric cancer). Among them, one article was published in 2016 (World journal of surgical oncology, 2016. 14: p. 96.) had only 4 related studies, and the sample size was small. Another article was published in 2019 (Int J Surg. 2019 Aug; 68:1-10) had 10 related studies, but it included studies reported in all languages (including English and other languages). In addition, we believe that the tumor size and postoperative pain scores are also worthy of attention in the comparative study of TLTG vs LATG for gastric cancer. However, neither of the two articles compare and explain these two points. In this article, all the included studies were written in English and clinical information were sufficient, we compared the short-term efficacy of TLTG vs LATG on gastric cancer in more detail and comprehensively. In addition, we have discussed them in the section of Discussion in the revised manuscript.

(3) The use of Funnel plot in a meta-analysis with less than 10 studies included is not recommended, as the power of the tests is too low to distinguish chance from real asymmetry (BMJ. 2006 Sep 16; 333(7568): 597 – 600. Res Synth Methods. 2018 Mar; 9(1): 41 – 50).

Answer: Thank you for your reminder. We have recently checked a lot of information about publication bias. These studies suggested that when less than 10 studies are included in the study for meta-analysis, it is not necessary to make funnel plots or to perform Egger's /Begg's test. Therefore, we have decided to remove the section of publication bias assessment in this study (since only 8 studies were included in this meta-analysis).

(4) In the section of discussion (page 9, lines 11-13), author stated that all anastomosis patterns are safe and feasible, because their results did not change when they excluded 3 studies in the sensitivity analysis. It is hard to understand how authors reached this conclusion.

Answer: Indeed, there is a logical error in this sentence. We have modified it as follows: The 3 studies were removed in our sensitivity analysis, which resulted in no significant change to the final results. Therefore, these different anastomosis patterns didn't affect the outcomes of our study, and our results are quite reliable.

(5) Some typos need to be fixed.

Answer: This article does contain some typos, we have carefully reviewed and revised it. Thank you for your understanding.

Reviewer #2 (Reviewer's code: 00199582) :

(1) Authors should explain why the study protocol was not registered in a systematic review platform.

Answer: This study protocol is indeed a systematic review and meta-analysis, we should have registered it in a systematic review platform.

(2) Mortality must be described.

Answer: No deaths were reported in any of the included studies. We have described the mortality in the section of Results in the revised manuscript.

(3) In the Abstract, Methods must be further explained.

Answer: Methods have been further explained as follows: PubMed, EMBASE, and Web of Science databases were searched for all relevant articles regarding TLTG vs LATG for gastric cancer published up to October 1, 2019. Inclusion and exclusion criteria were established. All the basic condition of patients and important clinical data related to surgery were extracted, and meta-analysis was performed with the RevMan 5.3 software.

(4) Regarding Methods, it is not advisable to use funnel plots when less than 10 studies are included in the meta-analysis.

Answer: Thank you for your reminder. We have recently checked a lot of information about publication bias. These studies suggested that when less than 10 studies are included in the study for meta-analysis, it is not necessary to make funnel plots or to perform Egger's /Begg's test. Therefore, we have decided to remove the section of publication bias assessment in this study (since only 8 studies were included in this meta-analysis).

(5) Also regarding Methods, using a fixed-effects model in the meta-analysis is probably not adequate when there is clinical heterogeneity among studies (such as when authors inform that different anastomosis patterns were used), even if there is no statistical heterogeneity.

Answer: In this meta-analysis, the majority of intracorporeal esophagojejunostomy styles were

Roux-en-Y anastomosis with a linear stapler (except for Ito et al. [DOI: 10.1007/s00464-014-3417-x] used a circular stapler, and Chen et al. [DOI: 10.1186/s12957-016-0860-2] used both linear stapler and circular stapler). In fact, the principles of the two staplers are similar. Besides, Huang et al. [DOI: 10.3748/wjg.v23.i39.7129] reported an isoperistaltic jejunum-later-cut overlap method (IJOM), which is also similar with Roux-en-Y anastomosis. Therefore, the clinical heterogeneity of these studies is almost negligible.

As a precaution, a random-effect model was chosen for all clinical data related to surgery (a similar meta-analysis was reported by Chen et al. in 2016 [DOI: 10.1186/s12957-016-0860-2]), and we have revised them in the text (including in the section of Methods, Results and diagrams). Fortunately, when we changed the fixed-effects model to random-effect model, which resulted in no significant change to the final results.

(6) In Results, authors must further explain the selection of studies, stating reasons for exclusions and including a flowchart.

Answer: In the revised manuscript, we have added a selection flowchart and described these publications in the section of Results, and stated reasons for exclusions.

(7) In Discussion (page 9, lines 11-13), authors conclude that all anastomosis patterns are safe and feasible, because their results did not change when they excluded 3 studies in the sensitivity analysis. This is not a valid conclusion for this study (for instance, one cannot conclude that IJOM is safe and feasible just because results did not change after the exclusion of the only study in which IJOM was used).

Answer: Indeed, there is a logical error in this sentence. We have modified it as follows: Three studies were removed in our sensitivity analysis, which resulted in no significant change to the final results. Therefore, these different anastomosis patterns didn't affect the outcomes of our study, and our results are quite reliable.

(8) In References, the journal requires that DOI and PMID are informed.

Answer: In the revised manuscript, we have added DOI and PMID.

(9) The text needs to be reviewed for typos.

Answer: This article does contain some typos, we have carefully reviewed and revised it. Thank you for your understanding.