

Answering reviewers

May 23, 2013

Dear Editor,

We would like to thank the reviewers for reviewing our manuscript and the editors for handling our submission.

Please find enclosed the edited manuscript in Word format (file name: 3022-review.docx).

Title: Laparoscopic splenic hilum lymph node dissection for advanced proximal gastric cancer: A modified approach for pancreas- and spleen-preserving total gastrectomy

Author: Tingyu Mou, Yanfeng Hu, Jiang Yu, Hao Liu, Yanan Wang, Guoxin Li

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 3022

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

1 Format has been updated according to the editor's suggestions in TITLE and ABSTRACT. COMMENTS was composed. Language editing was completed.

2 According to the reviewer No. 00724709's comment "The authors described of clinical impact of laparoscopic splenic hilum lymph node dissection for advanced proximal gastric cancer based on the strategy combining supra- and infra-pancreatic approach for pancreas- and spleen-preserving total gastrectomy. The technique in the manuscript for dissection hilum LN was excellent and the results were also good including surgical and post-operative course. **But the paper would be just technical note for the laparoscopic gastrectomy, so the authors should change the text and conclusion for acceptance.**" However, we believed that ORIGINAL ARTICLE session would be our preferred option mainly due to the following considerations:

- 1) First of all, we thank the reviewer for the valuable compliments and suggestions. We admitted that detailed technical description is one feature of our manuscript and the number of patients enrolled in our study is rather limited (12 patients). However, since laparoscopic pancreas- and spleen-preserving splenic hilum lymph nodes dissection in total gastrectomy is technically demanding and could be achieved in some large volumn centers by experienced laparoscopic

- surgeons, there are few publications reporting this surgery.
- 2) In previous similar reports, the number of enrolled cases was also small. In Hyung's report, 15 patients were included[1]; Uyama reported 11 patients[2]. Similar to these reports, the number of patients in our study was also below 30, but one thing we noticed was that in these previous publications, surgical procedures were also described in great detail and they were both published as ORIGINAL ARTICLES.
 - 3) Compared with former mentioned reports, our study consisted two major differences:
 - a) The gastric cancer cases in the Korean and Japanese reports were mostly T1a, T1b or T2 staged, however, 11 patients were T4a staged in our study, which indicated that the patients included were more advanced staged than previous reports. This could just reflect the current status that in China, most gastric cancer cases were diagnosed at an advanced stage. Thus, our study results would be more meaningful for the management of Chinese advanced gastric cancer patients.
 - b) To our knowledge, only suprapancreatic approach was adopted by Korean and Japanese surgeons from former reports but in our clinical practice, we found it might not facilitate dissecting the lymph nodes posterior to splenic hilum and splenic artery due to exposure difficulties and unpredicted bleeding might occur because of the tortuous structure of splenic vessels. Thus, we attempted to improve the situation by combining both supra- and infra-pancreatic approaches. Based on our study results, this strategy might be one of the potential modifications to facilitate laparoscopic pancreas- and spleen-preserving splenic hilum lymph nodes dissection.
 - 4) Apart from the detailed surgical procedure descriptions, the data in our study was also key to better demonstrate the clinicopathologic and follow-up characteristics, especially since follow-up data wasn't reported in previous similar studies. More importantly, this study could serve as a pilot study of our future prospective trials and RCTs.
 - 5) In order to comply with the reviewer's suggestion and not to mislead the readers, **we updated the CONCLUSION part in both the Abstract and the Manuscript to have deleted "The detailed procedure might be useful for surgeons who wish to conduct similar laparoscopic surgery."**
 - 6) We would like to thank again for the Reviewer No. 00724709's comments and we sincerely hope the reviewer could understand our considerations and the revisions would meet the reviewer's suggestions.

3 References and typesetting were corrected

4 **Since our manuscript was once submitted to the *World Journal of Gastroenterology* under ESPS NO. 2761, the manuscript was already revised once according to the former reviewer No. 02441402's comments.**

The previous revisions were included in the COVER LETTER of ESPS NO.3022.

Thank you again for handling our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Prof. Guoxin Li
Dean of Dept. of General Surgery, Nanfang Hospital, Southern Medical University.

Add: No. 1838, North Guangzhou Avenue, Dept of General Surgery, Nanfang Hospital, Guangzhou 510515, China.

e_mail: gzliguoxin@163.com

References

1. Hyung, W.J., et al., *Laparoscopic spleen-preserving splenic hilar lymph node dissection during total gastrectomy for gastric cancer*. J Am Coll Surg, 2008. **207**(2): p. e6-11.
2. Uyama, I., et al., *Hand-assisted laparoscopic function-preserving and radical gastrectomies for advanced-stage proximal gastric cancer*. J Am Coll Surg, 2004. **199**(3): p. 508-15.