Format for ANSWERING REVIEWERS

May 08, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8797-review.doc).

Title: Laparoscopic spleen-preserving splenic hilar lymphadenectomy in consecutive 108 patients with upper gastric cancer

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 8797

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

Reviewer's 1

Comments To Authors：good work, manuscript is well written but needs some linguistic corrections

(1) The title needs to be more short.

Response： We have changed the title into "Laparoscopic spleen-preserving splenic hilar lymphadenectomy in consecutive 108 patients with upper gastric cancer".

(2) You have include in your manuscript what is meant my advanced gastric cancer.

Response：Advanced (cT2-T3) upper gastric cancer diagnosed by preoperative CT scanning and endoscopic US were enrolled in this study. We have added the explanations at line 18 in paragraph 1 of the "MATERIALS AND METHODS (Patients)" section.

(3) Your patients were having upper gastric cancer. Why you adopt total gastrectomy only? Why not other type of limited gastrectomy?

Response：All the patients registered in this study were advanced (cT2-T3) upper gastric cancer. According to the 3rd English edition of Japanese classification of gastric carcinoma, the standard surgical procedure for advanced upper gastric cancer is total gastrectomy, and proximal gastrectomy isn't recommended for advanced upper gastric cancer.

(4) You have to mention Why you excluded cT1 and cT4 from the study. What id idea behind excluding cT1?

Response：According to the 3rd English edition of Japanese classification of gastric carcinoma, splenic hilar lymphadenectomy is unnecessary for cT1 tumors and laparoscopic surgery applied to

cT4 tumors has been controversial. Therefore, we didn't include cT1 and cT4 in the study. It has been added at line 17-19 in paragraph 1 of the "DISCUSSION" section.

(5) Why hou excluded tumors with serosal invasion as long as they are not invading local adjacent structures?

Response: At present, laparoscopic surgery applied to T4 tumors has been controversial. Therefore, we didn't included T4 tumors in the study. It has been added at line 17-19 in paragraph 1 of the "DISCUSSION" section.

(6) You have 108 patients , good number of patients with gastric cancer, within 11 months, why you didn't make this study in a prospective design and to compare the technique you have done versus spelenectomy to see if there is difference or not?

Response: Laparoscopic spleen-preserving splenic hilar lymphadenectomy is a new and difficult procedure. We analysed retrospectively the data of laparoscopic spleen-preserving splenic hilar lymphadenectomy in consecutive 108 patients with upper gastric cancer, and the results showed that this procedure is feasible and effective. In the following study, we will make a prospective randomized controlled study to confirm its feasibility and long-term efficacy. We have added the explanations at line 7-8 in paragraph 4 and at line 4-6 in paragraph 5 of the "DISCUSSION " section.

(7) You didn't mention any thing about the steps of gastrectomy in your surgical technique and also the method of restoring GIT continuity. Give brief description and the specimen extraction.

Response：We have given brief description about the steps of gastrectomy, the method of restoring GIT continuity and the specimen extraction in paragraph 4 of the "Surgical Procedures" section.

(8) In page 4.This group of consecutive was chosen because of the completeness of their medical records? something is missing

Response：The revised content is "The group of consecutive 108 patients was chosen because of the completeness of their medical records."

(9) In page 4. vascularized the left gastroepiploic artery issuing from the inferior splenic lobar artery, and clamped the latter after cutting its origin can't understand. needs modification

Response：We have modified the contents to "and then cut the left gastroepiploic artery from the origin"in the "Surgical Procedures " section.

(10) In page 4. After the latter became visible, the short gastric arteries issuing from the inferior splenic lobar artery were skeletonized. Short gastric arteries emerge from inferior lobar artery?

Response：In anatomy, there are often 2 to 6 short gastric arteries in the gastrosplenic ligament. We often find that 1 or 2 short gastric arteries issuing from the inferior splenic lobar artery during the operation.

(11) You have to give brief description of other area lymphadenectomy and which extent you routinely do in all cases

Response: According to the 3rd English edition of Japanese classification of gastric carcinoma, all the 108 patients in this study were performed routinely standard D2 lymphadenectomy. We have given

brief description about "other area lymphadenectomy" in paragraph 2 of the "Surgical Procedures " section.

(12) The mean splenic hilar LN is 3 only?

Response： The average number of splenic hilar LNs dissected per patient was reported to be from 1.7 to 3.0 during the surgery with splenic hilar lymphadenectomy for upper gastric cancer. In this study, the average number of splenic hilar LNs dissected was 3.0±2.4, which was similar to the other reports. We have added the explanations in paragraph 3 of the "DISCUSSION" sections.

(13) The mean time required to do all such steps of laparoscopic splenic hiler LN dissection is only 20 + min?

Response： In our department, we started to perform this procedure in 2010, and we have reached a mature phase until 2012. The mean time required to do this procedure is only 20.0±5.7 min in this study.

(14) The mean blood loss for hilar LN dissection is 46 ml. How did you estimate it?

Response：The blood loss was measured by estimating the volume of blood in the suction container and weighing the gauze with blood. We have added the explanations at line 5-6 in paragraph 2 of the"MATERIALS AND METHODS (Patients) " section.

(15) The median f up if 16 m. why this short f up? why you did not give more chance of f up? To cover long oncologic time

Response: All the 108 cases were enrolled between January and December 2012 in the study. The last investigation was updated to December 31, 2013, and the median follow-up was 18 months (range, 12 to 23 months). We have updated the contents at line 12-13 in paragraph 2 of the "MATERIALS AND METHODS (Patients)" section and in the" RESULTS(Postoperative Follow-up)" section. Moreover, we would continue to evaluate the long-term efficacy of his procedure with longer follow-up in the future, and we have added the explanations at line 7-8 in paragraph 4 and at line 4-6 in paragraph 5 of the "DISCUSSION" sections.

(16) Table 4. some abbreviations need clarification.

Response: We have clarified some abbreviations in all the tables (including Table 4) in this study.

Reviewer's 2

Comments To Authors：Congratulations for the excellence of the work.

Reviewer's 3

Comments ToAuthors: I read the manuscript named "Is splenic hilar lymph node dissection necessary for advanced upper gastric cancer without serosa invasion? - Analysis of 108 consecutive laparoscopic spleen-preserving total gastrectomy at stage cT2-3 " (ESPS Manuscript NO: 8797) and my recommendations are as fallows. Title: It is accurately reflects the major topic and contents of the study. Abstract: Adequate, summarizing the topic. Methods: Convenient with the purpose of the study.

Discussion: Topics has been discussed with all aspects. References are appropriate, relevant, and updated. Tables and figures are reflects the major findings of the study, and they are appropriately presented. This manuscript is well written and documented. There is typological error on the 26th line of Materials and Methods (Patients) of manuscript (it is written mode, it should be node). Also, this manuscript gives additional new knowledge to the literatüre. I think that this manuscript is suitable and worth to be published in World Journal of Gastroenterology.

Response: We have changed the word from "mode" to "node" in paragraph 2 of "Materials and Methods(Patients)" of the manuscript.

3 References and typesetting were corrected

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

Sincerely yours,
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