July 16, 2014

Dear Editor,

Title: Current status of function-preserving surgery for gastric cancer. Topic Highlight

Author: Takuro Saito, Yukinori Kurokawa, Shuji Takiguchi, Masaki Mori, Yuichiro Doki

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 11562

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: 1

1) One of the reason why these function-preserving surgeries has not become standard surgery in Japan is because of time consuming surgery. It may be difficult to figure out cost effectiveness of these surgeries. However, authors should at least describe about it.

> As the reviewer commented, the operative duration of PPG is basically longer than that of DG [29]. We had added a sentence in the Pylorus-preserving gastrectomy (PPG) as follows (Page 5, line 1-2); though the operative duration of PPG is basically longer than that of DG

2) It is interesting to compare reconstruction methods after PG. So, it may be helpful to make a table showing comparison among methods after PG.

> According to the reviewers' advice, we have added Table 3 to show the comparison of the reconstruction methods after PG.

3) Is it true that "Function-preserving surgery is already widely performed" in Conclusion? In reviewer understanding, Function-preserving surgery is very useful but is not so widely performed in Japan. Do authors have any data for it?

> As the reviewer commented, function-preserving surgery is mainly performed in some of the high volume institutions in Japan and Korea. One questionnaire survey showed that 148 of 345 institutions considered PPG as the treatment option for early gastric cancer and the number of patients undergoing PPG was about 700 a year in the 148 institutions [8]. As regard to PG, one report showed that between 1998 and 2005, 81 patients underwent PG in 19 institutions [41].
> We had revised the sentence in the Conclusion as follows (Page 13, line 18-19);
> Function-preserving surgery has been already performed in some of the high volume institutions in Japan and Korea,

Reviewer: 2

> We thank the reviewer for the lack of criticism.

Reviewer: 3

1) Pls explain more on DT reconstruction as most readers will not have heard of the procedure.

According to the reviewers' advice, we have added a sentence in the Postoperative symptomatic outcomes after PG as follows (Page12, line20 - Page13 line2);
PG-DT has three anastomotic sites; esophagojejunostomy, jejunogastrostomy and jejunojejunostomy. The length of interposed jejunum is from 10 to 20 cm between esophagojejunostomy and jejunogastrostomy, and about 20 cm between jejunogastrostomy and jejunojejunostomy. Food can passes thorough the remnant stomach or the jejunum in PG-DT.

2) Pls kindly add some figures for easier understand of the various surgical procedures Figure 1: The extent of LN dissection in PPDG and PG Figure 2: Methods of reconstruction after PG (EG, JI, DT).

According to the reviewers' advice, we have added Figure 1 about the extent of lymph node dissection and Figure 2 about methods of reconstruction after PG.

Reviewer: 4

1) Page6, first paragraph, line3 and line 5, could you describe the exact number for the incidence of lymph node metastasis from earlier studies, for example, 0.45% to 0.45% (1/220)? Because these are data from single centers and limited number of patients.

We have described the number as 0.45% (1/220) and 0.45% (1/200) in Page6 line11, and 0.46% (1/219) and 0.90% (2/221) in Page6 line14.

2) The merit of PPG over DG sounds a little weak from the present form. Are there other merits than the promotion of body weight?

The advantage of PPG is the prevention of dumping syndrome and bile reflux gastritis, in addition to the prevention of body weight loss. As shown in Table 1, the ratio of dumping syndrome and bile reflux gastritis was dramatically reduced in PPG compared to DG.
We have added a sentence in the Postoperative symptomatic outcomes after PPG as follows (Page7, line10-11);
As shown in Table 1, the ratio of dumping syndrome and bile reflux gastritis was quite low in PPG compared to DG.

3) For aged patients, those with hiatus hernia, esophagitis, PPG may not be suitable, could you make a comment in the paragraph of "postoperative symptomatic outcomes..."

As the reviewer commented, PPG appears to be inappropriate to the elderly people or those with hiatus hernia or esophagitis, because DGE is frequently seen after PPG [29,30].
We have added a sentence in the Postoperative symptomatic outcomes after PPG as follows (Page7, line13-15);
which make PPG inappropriate to the elderly people or those with hiatus hernia or esophagitis [29,30].

4) Page 8, 3rd paragraph, line2, "PG is performed patients" should be "PG is performed in patients".

We have corrected the sentence as the reviewer pointed out.

5) Is there an indication related to age for PG?

The indication related to age is not stated in any reports. But PG seems appropriate to the elderly people, because PG may preserve body weight loss compared to TG [42].

6) Because the indication for PPG or PG is strictly indicated for lesions with a diagnosis of cT1N0M0, is there any data how much of patients who underwent PPG or PG had pT1N0M0 or advanced stages.

The percentage of patients who underwent PPG with pT1N0M0 was reported to be 85.4%-93.5% [11,19-21,26,30]. And, the percentage of patients who underwent PG was reported to be 73.3%-77.6% [44,45,52].

7) PPG or PG have been performed by laparoscopic surgery also. Could you make a brief comment with comparison to open surgery.

We had added the sentences in the Laparoscopy assisted PPG and PG as follows (Page 14, line 4-9); Laparoscopy assisted PPG and PG has several advantages over conventional PPG and PG in terms of reduced intraoperative blood loss, postoperative pain and fast recovery from the surgery invasion [54-55]. Since some studies reported that the oncological curability was assured [33,56-57], laparoscopic function-preserving gastrectomy is considered to be feasible by surgeons with sufficient experience in laparoscopic gastrectomy.

3 References and typesetting were corrected

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

Sincerely yours,

Yukinori Kurokawa, MD, Ph.D
Assistant Professor, Department of Gastroenterological Surgery,
Osaka University Graduate School of Medicine, Osaka, Japan