

Rome, February 13th 2015

Dear Editor,

Thank you very much for your interest in our work.

We read with interest the reviewers' comments and we modified the article according to their suggestions.

We hope that the paper will be suitable for publication in your journal.

Thank you for your work.

Kind regards,

Dario Sirimarco

Title: MANAGEMENT OF DUODENAL STUMP FISTULA AFTER GASTRECTOMY FOR GASTRIC CANCER: SYSTEMATIC REVIEW

ESPS Manuscript NO: 16051

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Response to reviewers' comments:

Reviewer 03017952

Thank you very much for your comments.

- We extended the literature search including two recent studies. So the study population rose from 131 patients to 145 patients. The only other review published in 2013 by Babu and colleagues on this subject included more patients, but the inclusion period was very large, starting in 1948 and ending in 2011. Furthermore, they considered DSF also following gastrectomy for benign disease. In this paper, we included articles published in the last 26 years, because we think that this time frame better represents the advancement of techniques, drugs and devices occurring in the last three decades. Furthermore, we excluded patients with benign disease because they represent a different group comparing to patients with cancer, especially regarding general conditions, nutritional status, and surgical approach and techniques. So, to analyze a homogeneous group of patients treated with modern techniques, we had to establish strict inclusion criteria. The number of included patient, increased for the inclusion of two recent papers,

is now in our opinion adequate to reflect the current treatment of DSF and to analyze the different techniques and results.

- As you suggested, we expanded the results section (page 6 and 7). We modified this section adding a paragraph about studies' characteristics and we better detailed the different approaches and outcomes. (page 6 lines 1 - 6);
- All the requested changes are highlighted in yellow.

Reviewer 03018092

Thank you very much for your interesting observations. We appreciated particularly your comments revealing experience on endoscopic repair of DSF. Endoscopy represents an emerging approach to treat DSF, with different techniques including clips and glue. As you pointed out, DSF's characteristics, such as size, edema, are also very important, and timing of endoscopic repair is another possible key factor. As you suggested, we further reviewed the literature on this topic and modified the discussion section. We furthermore added in the references section the papers related.

- Nutritional status of the patient as you suggested is another key factor; we then modified the discussion to better clarify this issue and added three references (page 11 lines 2-6). Regarding growth hormone, we do believe that it stimulates tissue regeneration and should be considered as an alternative treatment. Extensively searching the available literature we found an interest manuscript describing this technique; however, this article was reported in chinese language and was therefore excluded from the review. Despite this, the experience was cited in the discussion section. (page 11 lines 7-10)
- Regarding drainage, we added your suggestions concerning management in the discussion section. (page 8 lines 9-11)
- All the requested changes are highlighted in yellow.

Reviewer 02537368

Thank you very much for your comment.

- Although we agree with you, we could not include the term "anastomosis leakage" for the literature search because our aim was to analyze the duodenal stump leakage. So, the presence of anastomotic leakage was not an inclusion criteria and we avoided

this keyword to focus our search only on duodenal stump leakage. But, as you suggested, we extended the literature search including two new recent studies. So the study population rose from 131 patients to 145 patients.

- All the requested changes are highlighted in yellow.

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