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Andrzej S Tarnawski, DSc, MD, PhD, Professor
Editors-in-Chief
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Dear Editor:

We would like to thank the editors and reviewers for their excellent comments and suggestions. We have revised our manuscript in response to these comments. A point-by-point response is attached and the revised texts in the manuscript are depicted in red color. We hope that the enclosed revised manuscript is now suitable for publication.

Thank you.

Sincerely,

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Round-1

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This is a very intriguing article comparing totally laparoscopic total gastrectomy using the modified overlap method and conventional open total gastrectomy. My only comment is about EJ related complications. I suggest to provide more details in the result section because I consider it the most important outcome this excellent research article.
→ Thank you for reviewing our study in detail and providing helpful comments. Per your comment, we have created a table in the result section dedicated to describing the details of EJ related complications. We have also included a brief explanation about the table in the result.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This is a very interesting article comparing totally laparoscopic total gastrectomy using the modified overlap method and conventional open total gastrectomy. The study is well conducted, the aims are clearly pointed out and the statistical methods are excellent.

Comment 1: Considering the topic, it would be interesting to have more details about EJ related complications (leakage, stenosis rate etc...)

→ Thank you for reviewing our study in detail and providing helpful comments. Per your comment, we have created a table in the result section dedicated to describing the details of EJ related complications. We have also included a brief explanation about the table in the result.

Comment 2: In the Limitations paragraph of the discussion the authors state "This study has some limitations. First, it is a retrospective study performed by a single experienced surgeon at a high-volume center." However, in the methods section it is not clear if all surgeries were performed by the same surgeon. Please specify it.

→ Thanks for your comment. In the "Surgical technique of anastomosis" section under MATERIALS AND METHODS, we have mentioned that both procedures were performed by a single experienced surgeon who conducts approximately 300 cases of gastrectomy annually.

Comment 3: Please provide p value after PSM in Table 1. As future perspectives, I hereby suggest the authors to work on a comparison between totally laparoscopic total gastrectomy using the modified overlap method versus totally laparoscopic total gastrectomy with circular stapled anastomosis.

→ Thank you for your suggestion. As per your request, we have added a "p-value" column for the PSM set. Furthermore, we have also changed our "Statistical analysis" section accordingly.

We fully agree that it would be interesting to compare totally laparoscopic total gastrectomy using the modified overlap method with totally laparoscopic total gastrectomy with circular stapled anastomosis. We will try to address this topic in our future study.

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This is a nice study, well conducted with a good number of patients. Anyways will be interesting to know which are the specifics complications and the treatments related to the E-J anastomosis considering that the study point the attention on the anastomosis.

→ Thank you for reviewing our study in detail and providing helpful comments. Per your comment, we have created a table in the result section dedicated to describing the details of EJ related complications. We have also included a brief explanation about the table in the result.

Reviewer #4:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors:

Questions 1 Since the modified overlap approach mentioned is optimized for conventional overlap method in totally laparoscopic total gastrectomy, its the advantages usually are compared to the conventional overlap method, why the patients in open total gastrectomy was selected to be control group? Does conventional overlap method have no advantages compared to open total gastrectomy?

→ Thank you for your questions. To answer your first question, there are two reasons why we have chosen open total gastrectomy (OTG) as a control group. First of all, our study extends the scholarship on the comparison between laparoscopic gastrectomy and open gastrectomy. As you may know, there has been a number of studies regarding EJ anastomosis comparing laparoscopic total gastrectomy (LTG) and OTG. However, while some studies reported similar EJ anastomotic complications between LTG and OTG, there is a large multicenter cohort study that demonstrated that OTG is a safer method for EJ reconstruction. As such, it is not clear which method is optimal for EJ anastomosis between OTG and LTG. In this line of research, we wanted to investigate the surgical outcomes of modified overlap method compared to that of OTG.

Secondly, the data at our hands does not have information on patients who underwent conventional overlap method. Therefore, the current study design was the most optimal one to compare EJ anastomotic complications between LTG and OTG.

It is difficult to provide a concrete answer to your second question due to lack of experimental evidence. We believe that it would be an interesting topic to investigate in future research.

2 In the abstract part, "Surgeons should perform total gastrectomy cautiously and delicately in patients with obesity, high ASA scores, and older ages." the conclusion may be not based on deduction from this study but other article or personal experiences. I personally think it is not suitable in the conclusion.

→ Thanks for sharing your insight. Following your concern, we have removed the sentence

from the abstract.

3 When the abbreviations(such as RFS,OS,BMI,ASA, CDC and so on.) first appears in the manuscript should be in full name.

→ Thank you for your comment. We have revised the manuscript accordingly.

4 Please explain the method of PSM?

→ Thank you for this comment. Following your suggestion, we have included a brief explanation of PSM in the Materials and Methods section.

5 In the discussion part, it is the superiority of laparoscopic gastrectomy in retrieved lymph nodes and obese patients, etc. These advantages are not exclusively belonged to the modified overlap approach. Therefore, it does not need too much descriptions.

→ Thanks for your comment. We have adjusted the discussion section following your suggestion.

Science Editor; Peer Reviewer; Company Editor-in-Chief

1. I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

→ Thanks for your comment. We have reduced our title to 17 words as follows: "Totally laparoscopic total gastrectomy using the modified overlap method and conventional open total gastrectomy: a comparative study"

Science Editor

1 Scientific quality: The manuscript describes a retrospective study of the totally laparoscopic total gastrectomy using the modified overlap method and conventional open total gastrectomy. The topic is within the scope of the WJG. (1) Classification: Grade D, Grade C, Grade B and Grade C; (2) Summary of the Peer-Review Report: The authors found a very interesting article comparing totally laparoscopic total gastrectomy using the modified overlap method and conventional open total gastrectomy. However, the authors need to invite a statistical expert to check the data in the manuscript. The questions raised by the reviewers should be answered; and (3) Format: There are 5 tables and 2 figures. (4) References: A total of 32 references are cited, including 7 references published in the last 3 years; (5) Self-cited references: There are 5 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations that are closely related to the topic of the manuscript, and remove other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated; and (6) References recommend: The authors have the right to refuse to cite improper references recommended by peer reviewer(s), especially the references published by the peer reviewer(s) themselves. If the authors found the

peer reviewer(s) request the authors to cite improper references published by themselves, please send the peer reviewer's ID number to the editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade B, Grade B, Grade B and Grade B. A language editing certificate issued by Wordvice was provided. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, and the Institutional Review Board Approval Form. Written informed consent was waived. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an invited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJG. 5 Issues raised: (1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and (2) The scientific quality can't meet the requirement of WJG. 6 Recommendation: Transferring to the WJGS.

→ Thanks for your comment. Following your suggestion, we have worked with a statistical expert and reviewed the data in our manuscript. In addition, we have addressed all the questions raised by the reviewers. In terms of self-citation, we have removed 3 out of 5 self-cited references from our manuscript. Therefore, we believe that our manuscript meets the journal's regulation on self-referencing. Finally, we have created a PowerPoint slide including the original pictures included in our manuscript as per your request. Please check the PowerPoint file uploaded along with this letter.

Thank you again for reviewing our study. We hope that our responses and the corresponding revisions are satisfactory.

Round-2

Reviewer #4: The advantages of totally laparoscopic total gastrectomy (TLTG) over open total gastrectomy were reported in many articles. Since the surgical method mentioned in this manuscript is modified for conventional overlap method, the effectiveness and surgical outcomes of the modified overlap method should compare to that of the conventional overlap method, not to open total gastrectomy. If your surgical team performed conventional overlap method or other TLTG method, please supply the data. Otherwise, the clinical experiments need to be redesigned.

Answer: Thanks for your comment. We understand your concern about the design of our study. We did talk about the study-design you have suggested when we were planning this research, however, the problem was that there was no data at our hand that we could utilize. Thus, we decided to compare totally laparoscopic total gastrectomy (TLTG) with modified overlap method to open total gastrectomy, which is considered as the clinical standard based on Korean and Japan gastric cancer treatment guidelines. By doing so, we believe that we could evaluate the fundamental safety of this method.