

World Journal of Gastroenterology Editorial Office

Aug 3, 2022

Response to the reviewers' comments (NO.: 78426, Retrospective Study)

Dear editor-in-chief,

Thank you for giving us the opportunity to revise the article “Novel management indications for conservative treatment of chylous ascites after gastric cancer surgery”. Based on your kind advices and referees' comments, we have extensively revised the original manuscript. We have addressed in full each point you have raised, and we believe that our study has been tremendously strengthened, in turn providing an important study for World Journal of Gastroenterology.

Thank you very much for all your help and looking forward to hearing from you soon.

Yours sincerely,

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Journal requirements:

>> We are pleased to inform you that, after preview by the Editorial Office and peer review as well as CrossCheck and Google plagiarism detection, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 78426, Retrospective Study) basically meet the publishing requirements of the World Journal of Gastroenterology. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.

-We thank the editors' decision for giving us the opportunity to revise our paper.

Reviewer #1 (Remarks to the Author):

>> Language Quality: Grade B (Minor language polishing)

-We sent our manuscript to the the AJE Language service and the language of our study has been re-edited again.

>> Scientific Quality: Grade B (Very good); Conclusion: Accept (General priority)

-We thank the reviewer for recognizing the quality of our work.

>> Specific Comments to Authors: Although chylous ascites after gastric cancer surgery is rare, it's very important. In this study the authors presented their results. Their results will contribute greatly to future treatment and studies.

-We thank the reviewer for recognizing the novelty of our work. Chylous ascites presents a challenge as a relative common postoperative complication and impacts subsequent adjuvant treatments in GC. In this study, we retrospectively analyzed patients with CA after GC surgery, aiming to explore the vital factors that influence CA treatment and recommend novel conservative treatment strategies for postoperative CA in GC.

Reviewer #2 (Remarks to the Author):

>> Scientific Quality: Grade B (Very good); Language Quality: Grade A (Priority publishing);

Specific Comments to Authors: This study is well examined and the design is also great.

-We thank the reviewer for recognizing the quality of our work.

>> Major Comments:

>>1. The problem is that the definition of chylous ascites is only macroscopic observation and drainage volume. The sensitivity and accuracy of the chyle test seem under debate and triglyceride is essential for diagnosis.

- We thank reviewer for this constructive suggestion. In fact, CA was defined as the presence of milky or creamy peritoneal fluid in the drainage tubes, at a volume of ≥ 200 ml/day and a triglyceride (TG) level ≥ 110 mg/dL in this study. Additionally, the chyle test was routinely assessed if the milky peritoneal fluid was suspected to be CA. We are sorry that we had made such a descriptive mistakes under incautious words and we have corrected the mistakes.

>>2. As for DT clamping, it seems effective not specifically for chylous ascites, but for lymphatic leakage itself.

-Reviewer has raised an excellent point. For the reason of clamping DT facilitates DT removal, previous research has demonstrated absorption and lymphatic drainage increase along with the interstitial hydrostatic pressure[1]. Furthermore, DT clamping could help to evaluate the feasibility of DT removal by conveniently simulating the removal and conversion back to drainage[2]. In addition, several previous studies have suggested DT clamping as an important alternative, and the detailed suggestion was daily drainage ranging from 1,000 to 1,500 ml[3]. Taken together, we agree to your comments that the method of DT clamping effective for both chylous ascites and lymphatic leakage.

EDITORIAL OFFICE'S COMMENTS

Science editor (Remarks to the Author):

>> Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

-We thank the editors' decision for recognizing the quality of our work.

Company editor-in-chief (Remarks to the Author):

>>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.

-We thank the chief editors' decision for considering accepting our work.

>>2. Before its final acceptance, please upload the primary version (PDF) of the Institutional Review Board's official approval in official language of the authors' country to the system; for example, authors from China should upload the Chinese version of the document, authors from Italy should upload the Italian version of the document, authors from Germany should upload the Deutsch version of the document, and authors from the United States and the United Kingdom should upload the English version of the document, etc.

- Thanks for your suggestions and the document has been uploaded as required.

>>3. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...".

- Thanks for your suggestions and the mistakes have been corrected as required.

>>4. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

- We agree with your suggestion and have corrected the figures and tables.

>>5. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript.

- Thanks for your suggestions and the content of the manuscript has been modified as required.

>>6. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

-Thank you for your advice and we will apply the RCA in our future researches.

References

1. Miserocchi G: **Physiology and pathophysiology of pleural fluid turnover**. *The European respiratory journal* 1997, **10**(1):219-225.
2. Yan S, Wang X, Wang Y, Lv C, Wang Y, Wang J, Yang Y, Wu N: **Intermittent chest tube clamping may shorten chest tube drainage and postoperative hospital stay after lung cancer surgery: a propensity score matching analysis**. *Journal of thoracic disease* 2017, **9**(12):5061-5067.
3. Scaletta G, Quagliozzi L, Cianci S, Vargiu V, Mele MC, Scambia G, Fagotti A: **Management of postoperative chylous ascites after surgery for ovarian cancer: a single-institution experience**. *Updates in surgery* 2019, **71**(4):729-734.