

[Type here]

Fang- Fang Ji

Science Editors, Editorial Office

Baishideng Publishing Group Inc

8226 Regency Drive, Pleasanton, CA 94588, USA

Dear Fang-Fang Ji,

Thank you for the invitation to re-submit our manuscript entitled: "**Surgical Palliation of Gastric Outlet Obstruction in Advanced Malignancy**" (ID#: 00068462) for publication in the *World Journal of Gastrointestinal Surgery*. We are humbled by the opportunity to present our review of a topic that we feel is vitally important to the care of patients with advanced malignancy. We appreciate the editors and reviewers comments and feel strongly that their comments have made our resubmitted manuscript even stronger.

Please contact me if you have any questions, or if I can provide you with any further information.

Sincerely,

Thomas J Miner

Division of Surgical Oncology

Warren Alpert Medical School Brown University

2 Dudley Street, Providence RI, 02906

tminer@usasurg.org

[Type here]

Editors Comments:

Please offer the department also, Thank you!

Department of Surgical Oncology was added to the Institution description

Please offer signed pdf file. Thank you!

Signed pdf Conflict of Interest Form has been submitted.

Please offer the audio core tip, the requirements are as follows:

In order to attract readers to read your full-text article, we request that the first author make an audio file describing your final core tip. This audio file will be published online, along with your article. Please submit audio files according to the following specifications:

Acceptable file formats: .mp3, .wav, or .aiff

Maximum file size: 10 MB

To achieve the best quality, when saving audio files as an mp3, use a setting of 256 kbps or higher for stereo or 128 kbps or higher for mono. Sampling rate should be either 44.1 kHz or 48 kHz. Bit rate should be either 16 or 24 bit. To avoid audible clipping noise, please make sure that audio levels do not exceed 0 dBFS.

Audio Core Tip has been submitted.

Please add PubMed citation numbers and DOI citation to the reference list and list all authors. Please provide PubMed citation numbers for the reference list, e.g. PMID and DOI, which can be found at <http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed> and <http://www.crossref.org/SimpleTextQuery/>, respectively. The numbers will be used in the E-version of this journal. Thanks very much for your co-operation. Such as: 1 Nayak S, Rath S, Kar BR. Mucous membrane graft for cicatricial ectropion in lamellar ichthyosis: an approach revisited. *Ophthalm Plast Reconstr Surg* 2011; e155-e156 [PMID: 21346670 DOI: 10.1097/IOP.0b013e3182082f4e]

PubMed and DOI citation numbers have been added. All Authors are listed.

[Type here]

Reviewer 1: COMMENTS TO AUTHORS

The overall structure of the manuscript is complete. Scientific question is well placed and answered. Authors adequately understand and cite all of the important references in to support the overall explanation of the study and its findings. Authors provide adequate analysis and comprehensive discussion on the basis of the current literature. Conclusions are clearly presented in the Conclusion section. Manuscript cites all important, relevant and timely references. There is no indication of academic misconduct in the manuscript. Manuscript describes important methods and problems in directions of research. The title of the manuscript contains key words, and is interesting enough to attract readers' attention. The topic of the manuscript falls within the scope of World Journal of Gastroenterology. The language of the manuscript reaches the standard of publishing.

Thank you to the reviewer for their thorough review of our paper.

Reviewer 2: COMMENTS TO AUTHORS

Thank you for asking me to review this manuscript on tips and tricks for lap gastric bypass. ?

Thank you to the reviewer for their comments. We hope we answer their individual questions adequately below.

The article addresses an important entity and many newly qualified surgeons may find this article interesting, but:? It includes too many grammatical errors. ?

We apologize for the grammatical errors and have edited our paper heavily to correct these mistakes.

This study is limited by its retrospective analysis. Nothing new in this manuscript.

The submitted manuscript is intended to be a review of the current literature rather than a retrospective analysis. More specifically, the manuscript is a review of the current literature published on the topic of surgical palliation of gastric outlet obstruction (GOO) caused by advanced malignancy. While the author is correct when he states that there is no new data presented from in this paper, the novelty and strength of this manuscript lies in the fact that it is the first and only review to discuss the incidence and presentation of GOO, the current data regarding the goals of palliative intervention, the success of palliative treatment of gastric cancer, the techniques used to treat GOO and the outcomes of those treatments.

Also please detail how the changes impacted on your outcomes?

We hope that the impact of our manuscript will be to our readers. We hope that our readers will be more educated regarding the goals of palliative interventions, the current outcome data for palliative treatment of patients who suffer from GOO due to advanced malignancy, the different treatment options available (surgical and endoscopic) for GOO and the strengths and weaknesses of each approach.

[Type here]

Why not compare the study findings with some relevant studies which have similar objectives as yours.

We believe that we provided a thorough review of all the relevant manuscripts currently in print that relate to the topic of surgical palliation of gastric outlet obstruction (GOO) caused by advanced malignancy.

Table?figure?

Thank you to the reviewer for the suggestion to add a Figure or Table. A Figure has been added to our manuscript and we believe that it makes our paper stronger and helps to focus the reader's attention to the content of the review.

Reviewer 3: COMMENTS TO AUTHORS

The operative descriptions are excellent and I thought the subsequent outcome section also beneficial. The beginning aspect of the article is too long regarding palliative care and patient selection for palliative care. This section needs to be shortened.

Thank you to the reviewer for their thoughtful review. The palliative care and patient selection for palliative care has been shortened to 6 pages (from an original 8 pages). We feel that this strengthens the content and purpose of our paper.