

#### Specific Comments to Authors:

1. Many previous studies have proved the role of Billroth- II + Broun in improving postoperative complications such as alkaline reflux gastritis. Please clarify the innovation and research significance of this paper. 2. The sample size included in this paper is small, please increase the sample size. 3. The time span of included patients is large, and whether the progress of anastomosis skill has positive impact on the complications rate. 4. Please explain whether laparoscopic or open surgery has any effect on postoperative complications. 5. In Figure1, why did the drainage volume of the Billroth- II group suddenly increase on the sixth day after surgery. 6. Table1 needs to be polished. 7. Please confirm whether there are differences in baseline data between the two groups and whether the differences have an impact on complication rate. 8. What is the meaning of Table2, please explain in the discussion. 9. Please list the specific P values in Table4.

Thank you for your constructive comments! We completed the revisions and we present a detailed point-by-point response to the comments:

- 1) Our retrospective review supports the preexisting evidence in the literature for the superiority of BII and Braun anastomosis compared to BII alone. The significance of our research lies to the close follow-up in accordance with the gastroenterologists to confirm the diagnosis of alkaline reflux gastritis. Moreover, we present a mini review of the literature about reconstruction methods.
- 2) Unfortunately, we can't change the sample size, as this corresponds to the patients treated in our surgery clinic.
- 3) The time span is prolonged, and we had included it as a possible bias. However, all the procedures were completed by two experienced surgeons, in order to minimize this bias.
- 4) The vast majority of the cases were open surgery. The laparoscopic surgery had an impact only at the procedure time, which was prolonged by 30 minutes.
- 5) In postoperative day 6 the NGT had already been removed from the BII and Braun group due to the lack of drainage. However, about 17% of patients at the BII group had still an increased drainage volume due to reflux gastritis. The small peak in the 6<sup>th</sup> postoperative day was due to reflux gastritis.
- 6) Table 1 has all the outcomes from our study.
- 7) There are no significant differences between the 2 groups, however, because it is a non-randomized trial we had to include it as a bias.
- 8) Table 2 explain the correlation between age, gender and method and their affect on the NGT output and hospitalization days. We have explained its meaning at the results section.
- 9) We added the specific p values in table 4.