

ANSWERING REVIEWERS



February 17, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 8388-review.doc).

Title: Pouch size influences clinical outcome of pouch construction after total gastrectomy: A meta-analysis

Author: Heng-Lei Dong, Yu-Bei Huang, Xue-Wei Ding, Feng-Ju Song, Ke-Xin Chen, Xi-Shan Hao

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ESPS Manuscript NO: 8388

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

- (1) In the 'Abstract Section' "RCT" where it is first mentioned needs to be given in full as "Randomised Control Trials", and under 'Results' in this section the "p" values are puzzling. A "p" value of $p=0.792$ is given as significant whereas usually only "p" values less than $p=0.05$ are thought to be significant. Likewise "p" values are not usually expressed as $p=0$ and reported as being not significant. The same problems arise again later in the Main text in the 'Results Section'.

Answer: Thanks the reviewer's careful reading. The word of "RCTs" has been given the full term in the Abstract section. And the P value in the result section is just for heterogeneity test but not for SMD or RR, namely for the statistics of I^2 .

- (2) In the same 'Results Section' different pouches are described as RY, RY Pouch and JI Pouch. These pouches need to be described.

Answer: Thanks the reviewer. Different pouch types (Pouch-RY, Pouch-JI) were described in Table 1.

- (3) Table 2 needs some clarification. The 'Eating Capacity per Meal' is expressed as a percentage, but what is this a percentage of? Likewise 'Body Weight' is expressed as a percentage, but once again this is a percentage of what?

Answer: Thanks the reviewer. Due to different dose of eating capacity for different person, in order to get a more comparable result, the eating capacity in each included study was described as percentage of the capacity per meal compared with that before operation. So was the percentage of "Body Weight". All of them were described in Table 2.

- (4) For a non-statistician Figures 1-5 are hard to understand, and as the findings are already given in the text I wonder if these Figures are really necessary.

Answer: Thanks the reviewer's comment. Figures 1-5 are the most common pattern which are used to present results in the systematic review and meta-analysis, even if the results are non-significant. In order to present the results more intuitive, we strongly suggest reserving these Figures. If the reviewers do think that it is not necessary to present the non-significant figures, we

also agree to remove these figures.

- (5) The materials and methods section lacks a clear definition and description of what is regarded a large pouch or a small pouch. Therefore the heterogeneity between the included RCTs is unclear.

Answer: Thanks the reviewer's insightful comments. As the size of pouch varies from 7cm to 20cm in the included studies. And no study give a clear definition of small or large pouch. So it is hardly to define the size of small or large pouch. But in the included studies, every study has compared two methods of total gastrectomy with different pouch sizes. Although it will incur heterogeneity after summarizing these studies, we can draw a relatively clear conclusion on the different effects of small or large pouch after gastrectomy. And we also address the limitation in the manuscript.

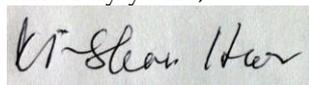
- (6) In previous studies has been stated that long-term survivors (with a follow-up of up to 12 years) may benefit from a large pouch reconstruction. This aspect is not discussed appropriately.

Answer: Thanks the reviewer's careful reading. Following your advice, we found the study compared RY reconstruction with RY+Pouch reconstruction with a follow-up of up to 12 years. (Fein M, Fuchs K-H, Thalheimer A, et al. Long-Term Benefits of Roux-en-Y Pouch Reconstruction After Total Gastrectomy: A Randomized Trial. *Annals of Surgery* 2008;**247**:759–65) In their study, the quality of life for the patients in the RY+Pouch reconstruction group began to significantly improve since 30 months after operation compared with those in RY reconstruction group, and the quality of life recover to the levels before operation at the second year after operation. In conclusion, they stated that long-term survivors benefit from pouch reconstruction (but not "benefit from a large pouch reconstruction"). This conclusion is not in conflict with our conclusion. Moreover, our study has given more information that the small pouch can more effectively improve the clinical outcomes after surgery compared with large pouch.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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