

Date: September 9, 2019

Dear Editor:

Enclosed please find a manuscript entitled “Current controversies in treating remnant gastric cancer: Are minimally invasive approaches feasible?” for your consideration for publication in the World Journal of Clinical Cases.

Reviewer 1:

1. Please spell out acronyms in the first instance in the abstract and paper; Please unify the reference style in the text. Sometimes, using a full name of author, but other is not.

Reponse: Thank you for your kind advice. As you suggested, I have revised the manuscript.

2. The authors may consider moving the section "ESD for GSC" to the section before "Subtotal gastrectomy (SG) for patients with RGC".

Response: Thank you for your kind advice. It is more logical.

3. I would recommend the authors answer for the question in the title, “are minimally invasive approaches feasible?” based on this review in the section, “Conclusion and future perspectives.

Response: That's a very excellent suggestion. Based on those limited evidence, we could conclude ST, ESD and LG are feasible to treating early RGC.

Reviewer 2:

1. ESD for RGC has already become a clinical practice. It is of great interest whether the indications of ESD for RGC should be same as those for primary gastric cancer or could be expanded, especially in elderly patients with RGC.

Response: It is reported the incidence of lymph node metastasis in early RGC is similar to the incidence of lymph node metastasis in primary early gastric cancer. Lymph node metastasis of RGC is affected by the current disease stage, not by the initial disease stage.

herefore, the indications of ESD for RGC may be different. However, only one study determined the indication of ESD for RGC. The study found that 17 patients who met the indications of ESD for primary gastric cancer had no lymph node metastases after radical gastrectomy of remnant stomach

2. LG for RGC is still a laborious and challenging operation. The approach (open or laparoscopic) and the extent of gastric resection (distal or proximal) of the initial surgery were unclear in Table 3, which might strongly affect the results. It is expected that RGC in patients who have undergone LG would increase in the near future; however, it is of most importance that the surveillance system to detect early diseases should be established to avoid additional gastrectomy.

Response: Ten non-RCT studies with a small series of patients compared the perioperative results of LG for RGC with those of open gastrectomy. As for

the extent of gastric resection for initial gastrectomy, overwhelming majority of procedure is distal gastrectomy, while very few is proximal gastrectomy. Unfortunately, the majority studies do not mention the approach (open or laparoscopic) of initial surgery. As your suggested, I have added the important comment in my manuscript, "it is of most importance that the surveillance system to detect early diseases should be established".

I have provided the grant application certificate of funding agency. I have finished the part of article following your reminder.

Best Regards.

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