Dr. Lian-Sheng Ma
Editor-in-Chief
*World Journal of Gastrointestinal Surgery*

2023/02/12

Dear Dr. Ma,

Re: Manuscript reference no. 82766

Please find attached a revised version of our manuscript “The distribution of splenic artery lymph nodes and splenic hilar lymph nodes”, which we would like to resubmit for publication as a Basic study in the *World Journal of Gastrointestinal Surgery*.

Your comments and those of the reviewers were highly insightful and enabled us to greatly improve the quality of our manuscript. In the following pages are our point-by-point responses to each of the comments of the reviewers as well as your own comments.

Revisions in the text are shown using yellow highlight for additions, and strikethrough font for deletions. In accordance with reviewer #1’s suggestion, we have added Table 1. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in the *World Journal of Gastrointestinal Surgery*.

We look forward to hearing from you at your earliest convenience.

Yours sincerely,

Yuya Umebayashi
Department of Gastrointestinal Surgery, Tokyo Medical and Dental University, 1-5-45 Yushima, Bunkyo-ku, Tokyo 113-8519, Japan
Ph: +81-90-6176-4175
E-mail: umebayashi.srg1@tmd.ac.jp

**Responses to the comments of Reviewer #1**

1. The paper discussed the distribution of lymph nodes with certain novelty, but did not discuss the function and influence of the corresponding lymph nodes.

*Response: We have added sentences about the corresponding lymph nodes in the "Comparison with previous studies"*.

2. Supplement patients' basic information.

*Response: We have added new Table 1 with patient information.*

3. Supplement the inclusion criteria of lymph nodes.

*Response: We have added sentences about the criteria in "Histological examination".*

**Responses to the comments of Reviewer #2**

1. The author divided the NO.10 lymph node into two parts. However, in anatomical practice, can these two parts be clearly divided?

*Response: We have added related sentences in the "Limitations"*.
*To separate No. 10 LNs into those that were difficult to dissect by laparoscopic SPSHLD without pancreatic mobilization and those that were not, LNs behind vessels greater than 1.5 mm in diameter were defined as posterior in this study. However, anterior and posterior as defined in this study do not necessarily correspond to clinical anterior and posterior. The number of LNs in each may vary depending on how the definitions are determined. However, even qualitative assessment methods such as heat maps showed more LNs deep in the posterior compared with previous studies. Therefore, the conclusion that there were more posterior splenic hilar LNs compared with previous studies remains unchanged.*

2. In many videos of laparoscopic surgery with spleen preserved, we can see that lymph nodes can be completely removed. So, according to your research results, does it mean that this surgery is purely at the risk of incomplete lymph node dissection?

*Response: We have added related sentences in the "Limitations" and "Conclusion"*.
*This study did not investigate whether lymphatic flow from the gastric side to the posterior splenic hilar LNs in proximal advanced gastric cancer. Therefore, the results do not directly relate the dissection of posterior LNs to recurrence. We revealed that more posterior splenic hilar lymph nodes compared with previous studies may remain. Therefore, the feasibility of the procedure should be reviewed if future clinical trials show an increase in hilar LN recurrence in laparoscopic SPSHLD cases.*

3. The cases selected by the author exclude cancer patients such as gastric cancer. So, can the distribution of lymph nodes in the splenic hilum of these non-cancer patients represent the positive metastasis characteristics of gastric cancer lymph nodes?

*Response: We have added related sentences in the "Limitations"*.
*Cadavers with gastric cancer were excluded from assessing the neutral distribution of hilar LNs. If posterior No. 10 LNs receive little lymphatic flow from the stomach, the anterior LNs may be more often positive for metastases in gastric cancer.*