

Jin-Lei Wang
Director, Editorial Office
Baishideng Publishing Group Co.

Dear Dr Wang,

We are grateful to you and reviewers for the helpful comments on the original version of our manuscript.

ESPS Manuscript NO: 26111

Title: Questionnaire survey regarding the current status of super-extended lymph node dissection in Japan

Author Name: S Morita

And we thank you for the opportunity to resubmit our manuscript to the World Journal of Gastrointestinal Oncology and hope that it is suitable for publication. Please let us know what sort of procedures we should do with that from now on. We look forward to hearing from you at your earliest convenience.

Sincerely yours,
Shinji Morita

We appreciate helpful and thoughtful comments from you. Now we finished taking at a second look at our all data and highlighted the corrected sentence and figure in blue boldface. We would be grateful if you would give the matter proper attention.

Response to Reviewer #1

Comment #1.

The survey is well-written, while the concept of the article is documented properly. Therefore, the manuscript may be accepted for publication. Minor revisions with regard to grammatical errors are required.

Response

We are grateful to the reviewer for the helpful comment of the original version of our manuscript. We have taken this comment into account and corrected a grammatical error.

Response to Reviewer #2

Comment #1.

According to Table 2B, the number of PAND institutions is 78. However, the total number of Table 2C is 70, according to the description of text. Please explain the difference in the total number between 2 tables.

Response

We apologize for confusing expression. As for Table 2B, eighty-seven of 105 institutions (83%) had experience performing PAND. And 28 institutions answered they were still performing this procedure at that point. This figure is one third of the institutions that have experience performing PAND. As for Table 2C, Seventeen institutions of 87 institutions remain unanswered the number of experience filled in the form. That is the reason why the total number is 70. We corrected and added a few statements to the second paragraph in Result.

Comment #2.

The legend of Table 3 includes ‘Always’, ‘Sometimes’, and ‘Never done’, but the figure includes only two portions. 21 institutions doing PAND should be included in the category ‘sometimes’. Please check the difference between the text and figure.

Response

Because complete PAN dissection is more technically difficult than sampling in para-aortic area, we think to distinguish between these two procedures. Therefore, values do not include “sampling” and are limited to complete dissection of this area. We added a sentence below Figure 2A.

Comment #3.

The reviewer likes to know the authors comments on the results that, even the considerable number of SD or PD cases were undergone D3 including PAND.

Response

A conclusion has not been reached concerning this matter. Kurokawa et al. reported histological response rate seemed to be a better surrogate endpoint for overall survival than radiologic response rate in studies of neoadjuvant therapy for gastric cancer. [Gastric Cancer July 2014, Volume 17, Issue 3, pp 514-521.]. Given this factor, we cannot say for sure that SD or PD cases on the images after chemotherapy should be excluded at this point. We added a few statements to the fifth paragraph in Discussion.

Minor comment #1.

‘Table 1’ should be described as ‘List of questionnaires’

Response

As you indicated, we changed the title of Table 1 to “List of questionnaires regarding para-aortic nodal dissection (PAND)”.

Minor comment #2.

Table 2A: Number of hospitals should be shown on the map of Japan. Hokkaido, Tohoku etc. make no sense for readers except Japan.

Response

As you indicated, we demonstrated geographical distribution of responding hospitals shown on the map of Japan as Figure 1A.

Minor comment #3.

Tables 2 to 4 show graphs, and should be renamed as Fig. 2 to 4.

Response

As you indicated, we renamed Table 2 to 4 as Figure1 to 3.