

2014/06/17

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: wgjere6.15-1.doc).

**Title:** Indocyanine green fluorescence and three-dimensional imaging of right gastroepiploic artery in gastric tube cancer

**Author:** Toru Nakano, Tadashi Sakurai, Shota Maruyama, Yohei Ozawa, Takashi Kamei, Go Miyata, Noriaki Ohuchi

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 10899

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) Was clinical depth of invasion assessed by endoscopy?

A) Yes

(2) There was a need to perform an endoscopic ultrasound to evaluate depth of invasion (mucosa, submucosa or beyond)?

A) We collect the manuscript and described that endoscopic ultrasonography is useful to evaluate the invasion depth and lymph node metastasis in the "Discussion". However we evaluate the invasion depth by endoscopic view because the poor water retention at the pyloric lesion.

(3) The total number of removed nodes need to be reported; if available, the number of removed lymph nodes in station 6 may be interesting, as Japanese surgeons usually perform lymph node mapping in different nodal stations.

A) We collected the manuscript and described that "the resected gastric tube included small amount of adipose tissue containing no lymphoid tissue histologically" in the "Case Report". Systemic dissection of pyloric lymph nodes so called station 6 or 5 were not conducted in order to avoid the excessive invasion and damaging of blood vessel as much as possible. However, it may be considered for patients with relatively younger or good condition.

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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