Author's response to reviews

Title: Primary Placement Technique of Jejunostomy Using the Entristar Skin-Level Gastrostomy Tube in Patients with Esophageal Cancer.

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Author's response to reviews: see over
Dear to the Editor:

We revised our manuscript entitled "Primary Placement Technique of Jejunostomy Using the Entristar™ Skin-Level Gastrostomy Tube in Patients with Esophageal Cancer." for publication in your esteemed journal. I hope that you will see fit to publish this paper in your journal, and we will not hesitate to correct the paper if you have suggestions for its improvement.

Our mailing address is as follows:

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Yours sincerely,

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Reviewer's report

Title: Primary Placement Technique of Jejunostomy Using the Entristar Skin-Level Gastrostomy Tube in Patients with Esophageal Cancer.

Version: 3 Date: 4 August 2010

Reviewer: Ciro Esposito

Reviewer's report:
This is an interesting paper focused on jejunostomy placement in pts with EC. As this paper shows, there are few devices created by companies to perform jejunostomy, in fact the authors used a gastrostomy device in their study. Please explain this point in the text.

We explain this point in the Introduction p.5 using red letters.

As for the results section can be useful for the readers to know more info as for your protocol of realimentation (how many hours per day ?, amount ?)

We explain this point in How to use SLJ of the Materials and Methods p.8,9 using red letters.

As for complications of your series, they were managed non operatively and how ? Explain better this point in the text.

In the Discussion p12, we described that "However, there were complications, including peristomal leakage, dermatitis, and ulceration, when SLJ was used for more than three months. Exchange of the G-tube with radiologic guidance was effective in patients with peristomal leakage."

Have you recorded episodes of vomit in the first post-operative period ?
There is no vomit in the first post-operative period. We explain this point in the Results p.10 using red letters.

Some centers prefer to perform jejunostomy via laparoscopy, what do you think about ?
We have performed one jejunostomy using SLJ via laparoscopy. We think that laparoscopy jejunostomy is good for QOL of the patient. But the subjects of this report were EC.
What do you think of the gastro-jejunal feeding tubes compared with the jejunostomy tube?

Feeding tube is uncomfortable for the patients. Because of this point, we selected the SLJ. SLJ is less uncomfortable than feeding tube, we think.
Reviewer's report
Title: Primary Placement Technique of Jejunostomy Using the Entristar Skin-Level Gastrostomy Tube in Patients with Esophageal Cancer.
Version: 3 Date: 27 September 2010
Reviewer: Charles Y Kim

Reviewer's report:
In this manuscript, the authors report their experience with inserting a skin-level jejunostomy tube in 16 patients. Their main goal is to described their success rate and complication rate. I believe that the primary factor making this report unique, is that they are inserting the skin-level J-tube primarily, instead of as a staged procedure. (This should be emphasized by the authors). The insertion of skin-level gastrostomy and jejunostomy tubes has been in use for several decades, and has been described in much larger patient populations. The authors found a high success rate and low complication rate, with a median follow up of 3.5 months. I feel that their conclusion is a bit overstated. It is difficult to make such a strong statement after only 16 patients, and with relatively short followup. Overall, this early experience with primary insertion of a skin-level jejunostomy tube is helpful to readers, to encourage further exploration of this technique.

Major compulsory revisions:
1. For two patients, the disposition of the tube is missing from the Table and in the text. If this is because the patient was lost to follow up, this should be clarified in the manuscript.

We are so sorry. We revised the Table and the Text. We revised this point in Patients follow up of the Materials and Methods p.9 using red letters that "The tubes were removed at varying times, post-insertion, from 50 to 315 days, in 7 out of 16 cases."

2. The last sentence of the M&M is unclear. If there is published data, it should be referenced.

We revised the Text that "The needle tract was closed immediately without suture closure."

Minor essential revisions:
3. The grammar throughout the majority of the manuscript is in need of correction. Several typographical mistakes are also present. Native check was done.

4. The use of the term G-tube and J-tube in the manuscript are confusing. It is difficult to convey the fact that a G-tube is being used as a J-tube, but since it is being functionally used as a J-tube, it should be referred to as a jejunostomy tube. (except in the materials and methods section, where its nature as a G-tube should be mentioned.)
We revised in red letters in the TEXT.

5. Reword the conclusion as above.
We added the sentence in the Discussion that "Thus, we emphasize that SLJ is easy, rapid, and has less complications compared with the standard jejunostomy.".
Discretionary revisions:
6. Emphasize that the unique aspect of this manuscript is the fact that the skin-level jejunostomy tube is being inserted primarily (instead of staged).

We added the sentence in the Discussion that "Thus, we emphasize that SLJ is easy, rapid, and has less complications compared with the standard jejunostomy.".