Author's response to reviews

Title: Visualization of blood supply route to the reconstructed stomach by indocyanine green fluorescence imaging during esophagectomy

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Version: 4
Date: 7 April 2014

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

We revised our manuscript entitled "Visualization of blood supply route to the reconstructed stomach by indocyanine green fluorescence imaging during esophagectomy" 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,

Yasushi Rino, M.D.
Reviewer's report

**Title:** Visualization of blood supply route to the reconstructed stomach by indocyanine green fluorescence imaging during esophagectomy

**Version:** 3  
**Date:** 27 February 2014  
**Reviewer:** Dawid Murawa

**Reviewer's report:**
Good work. I accept after changes.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.
Reviewer's report
Title: Visualization of blood supply route to the reconstructed stomach by indocyanine green fluorescence imaging during esophagectomy
Version: 3
Date: 12 March 2014
Reviewer: Norihiro Kokudo

Reviewer's report:
Major Compulsory Revisions
1. In my opinion, the discussion on fluorescence imaging without using ICG (NIR-II and LFA) in the Introduction is too long and should be moved to the Discussion section. In the introduction, the authors had better cite previous works on clinical application of ICG imaging to visualizing blood supply during liver transplantation and colorectal surgery instead.

2. Surgical techniques used in their study to create the reconstructed gastric tube should be demonstrated in detail in the Method section. Which vessels were divided for creating gastric tube before fluorescence imaging?

3. The incidence of anastomotic leak (15%) seems to be high even using fluorescence imaging. What was the relationship of results of fluorescence imaging with postoperative anastomotic stenosis? Please describe in the Discussion section how the authors are going to utilize ICG-fluorescence imaging to decide surgical procedures during surgery, for preserving blood supply to the gastric tube as much as possible and to reduce the incidence of postoperative leak/stenosis.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.