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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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.

Thank you for your comments.
But we revised this paper again using green letters. Because the other reviewer recommend revision.
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.

   We moved the discussion on fluorescence imaging without using ICG (NIR-II and LFA) in the Introduction to the Discussion section using green letters.

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?

   We explain this point in the METHODS p.5 using green letters.
   “We made a 4-cm-wide gastric tube with an autosuture device. Five to six 6cm-cartridges of an autosuture device were used. Seromuscular suture was done for all patients to avoid contact between stapler and the lung. The right gastric vessels and right gastroepiploic vessels were preserved.”

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.

   We explain this point in the ICG imaging procedure p.6, the RESULTS p.7 and the DISCUSSION p.9 using green letters.

   In p.6: “We performed anastomosis of the esophagus to the good vascular network wall
of the gastric tube in the thoracic cavity.”

In p.7; “Anastomotic stenosis occurred in 1 (3.0%) of 33 patients without “splenic hiatal route”.

In p.9; “We performed anastomosis of the esophagus to the good vascular network wall of the gastric tube in the thoracic cavity. After this report, we performed anastomosis of the esophagus to the greater curvature avascular area of the gastric tube for three esophageal cancer patients. Anastomotic leakage and stenosis were not experienced. We presume that our previous anastomotic method break the good gastric tube vascular network.”

**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.