Reviewer's report

**Title:** Gastric cancer surgery: Billroth I or Billroth II for distal gastrectomy?

**Version:** 1  **Date:** 16 July 2009

**Reviewer:** Motoki Ninomiya

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This article insists the superiority of Bill.1 comparing Bill.2. The grounds for an argument are mainly low frequency of early postoperative complications, and cost benefit secondary.

But, do such complications as hemorrhage, infection, DVT, pleural effusion, enteroplegia and pancreatitis have strong relationship with the way for reconstruction? Furthermore, Bill. 2 is considered to be superior to Bill.1 from the point of blood flow and the tension on anastomosis which relates to the anastomotic leakage.

No hypothesis explaining these results theoretically is described in the discussion. Those complications seem to show the difference of backgrounds between two groups, and they are not caused by the difference of reconstruction itself.

Postoperative complications are significantly related with the extent of surgery, especially the extent of lymph node dissection as the author mentioned.

It is, of course, worthwhile thinking about the problem of finance after surgery. But, overall expenditure and hospital stay seems to be the results of postoperative complications.

Bill. 2 was dominant in the past as the anastomosis was thought to be safer than Bill. 1. But, B.1 took the place of mainstream after advancing the suture technique. For, the anastomosis is simple and physiological as the author mentioned. Bill. 1 anastomosis is still first choice of anastomosis especially in Japan, and carried out in many hospital. On the other hand, Bill.2 reconstruction is rapidly declining because of its poor postoperative quality of life caused by high frequency of reflux esophagitis and gastritis and so on.

On the other hand, Roux-en-Y anastomosis is prevailing year by year for low frequency of leakage and reflux esophagitis or gastritis. Jejunojejunostomy takes only fifteen to twenty minutes. The time is one of demerit for Roux-en-Y anastomosis comparing Bill.1, but it's merit cover the demerit.

Bill.2 with Braun's anastomosis takes almost same time with Roux-en-Y one. Bill .1 should be compared with Roux-en-Y anastomosis instead of Bill. 2. Otherwise, discussion concerning reconstruction after gastrectomy will not advance.

**Level of interest:** An article of limited interest
**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.