Reviewer's report

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

Version: 1 Date: 22 July 2009

Reviewer: Jianhui Cai

Reviewer's report:

Based on the analysis of 809 gastric cancer patients with distal gastrectomy, the frequency of early complications in two groups was almost no difference when evaluated by POSSUM system, but the innominate complications was significantly higher in Billroth II group when evaluated by “RuiJin Hospital Classification” system. In addition, the authors indicated that the patients underwent Billroth II had a longer hospitalization and larger overall expenditure. Therefore, the authors suggested that the first choice should be Billroth I method after distal gastrectomy.

The discussion in the point of “early complications after distal gastrectomy by using Billroth I and II” is rarely reported, so that present study has significant in a certain extent. Hospitals in Western and Asian countries have different practice in their reconstruction of alimentary tract after distal gastrectomy plus D2 lymphadenectomy. The frequency of early postoperative complications may also totally different in different hospitals or departments because of the degree of their experiences and skillfulness. Recent years, widely use of automatic stapler greatly decreases the incidence of postoperative complications, and make the anastomosis being more convenience and normative. In this situation, present study bring the question up again that Billroth I should be first choice after distal gastrectomy because of its benefits on physiologically reconstruction of GI tract and its lower postoperative complications. Even the question, “Billroth I and II, which is better?”, is still controversial, if the patients’ anatomic and pathologic situation is permitted, Billroth I might be a good choice based on its physiological need and lower incidence of postoperative complications.

Discretionary Revisions:
In the methodology, 809 cases of the patients should be classified by clinical stages so that the readers can easily understand the operation choice in the presented data.

Minor Essential Revisions
1. On the foot note of Table one, the author noted that “* including recurrent gastric cancer”, but in the table, there is no label of “*”, so that making readers confused that the “recurrent gastric cancer” was included in which group of the patients.
2. Table 2, the meaning of hemorrhage “deep” is inexplicable.
3. English statements should be further corrected by a native speaker. Please
take care of the wrong use of words or sentence and the use of singular and plurality.

Major Compulsory Revisions:
Table 2, the meaning of hemorrhage “deep” is inexplicable. Please make sure that it was “deep” alimentary tract hemorrhage or a “deep” hemorrhage in wound.

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

**Quality of written English:** Needs some language corrections before being published

**Declaration of competing interests:**

I declare that I have no competing interests.