Reviewer's report

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

Version: 2 Date: 27 August 2009

Reviewer: Motoki Ninomiya

Reviewer's report:

Most important point is whether reconstruction after lymphadenectomy has strong relationship with postoperative complications as you showed in your manuscript. You answered to this question with showing theoretical explanation. I appreciate it as argument has advanced. But, it is difficult to explain the infectious complications were simply caused by pancreatitis or anastomotic leakage. For, the rate of infectious complications is much higher than those complications related to reconstruction. Why early postoperative complication rate is significantly higher with Group Bill.2. You are required to show another reason to reinforce your opinion.

It is quite difficult to prove which reconstruction is preferable after gastrectomy as you mentioned in your manuscript. Retrospective study always has limitation as the difference of backgrounds lies.

Table 1 shows the difference at the type of resection between two groups, Bill.1 and Bill.2. Palliative gastrectomy occupies 12.6% for Group Bill.2 in spite of 4.3% for Group Bill.2. The difference of stage exists between two groups. That might be one factor which causes the difference of postoperative complications. Generally speaking, far-advanced cases tend to induce various kinds of postoperative complications more.

Anyway, it is preferable for you to show some articles which insist Bill. 2 are superior to Bill.1 from the point of postoperative complications including anastomotic leakage or pancreatitis.

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.