Author’s response to reviews

Title: Enteral immunonutrition versus enteral nutrition for gastric cancer patients undergoing a total gastrectomy: a systematic review and meta-analysis

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Author’s response to reviews:

We would like to thank the editors and reviewers for their valuable comments and suggestions, and we hope the following response is adequate.

Technical Comments:

1) Please move the list of abbreviations to after the conclusions in the main manuscript.

2) Please move the heading "Declarations" to after the list of abbreviations, followed by the following sub-heading in the order outlined below:

Declarations

- Ethics approval and consent to participate
- Consent to publish
- Availability of data and materials
- Competing interests
- Funding
- Authors' Contributions
- Acknowledgements
- Authors' Information

Response: thanks, we have done the adjustment according to the “Technical Comments”.

3) As this is a systematic review and meta-analysis, please make sure your paper adheres to the PRISMA guidelines (http://www.prisma-statement.org/) and please include a completed PRISMA checklist (http://www.prisma-statement.org/PRISMAStatement/Checklist.aspx) as a supplementary file.

Response: we have completed the PRISMA checklist, and uploaded it as a supplementary file.

4) While assessing your manuscript in-house, we found several instances in the Background, Methods, Results, Discussion, and Conclusion sections where the text displayed similarities to text found in other previously published articles. These include but are not limited to:


This degree of text overlap is not acceptable in its current form, and thus we must request that you rewrite your manuscript to reduce the level of text overlap before we can further assess your submission.

Response: Sorry for the Inappropriate writing, and we rewrote the manuscript to reduce the level of text overlap. All the changes in the manuscript are marked in red for your reference.
Reply to Joanna Matowicka-Karna (Reviewer 1):

Comments: This is a very interesting meta-analysis. Confirms the role of enteral immunonutrition for gastric cancer patients undergoing radical gastrointestinal surgery.

Response: Thank you for your compliment on this meta-analysis.

Reply to Luigi Marano (Reviewer 2):

Comments:

Cheng Y et al prepared a meta-analysis aiming to assess the impact of EIN for patients with GC on biochemical, immune indices and clinical outcomes. Even if the topic is of current interest, the article requires some major points to address before the publication:

Response: Thanks for your positive comments.

1. The introduction section should be shortened. Additionally, the lines 106-109 should be removed since they were "Methods" data.

Response: We have shortened the introduction section where is not necessary. The lines 106-109: “For GC patients, the pooled results have been reported by a meta-analysis, however, the search terms about “EIN” used only was “enteral immunonutrition” with medical subject heading. Two studies with specific immunonutrition elements were not included” could not be removed in the introduction part. Because these sentences were used to emphasize the necessity of this meta-analysis, and not the “method” data. All the changes in the manuscript are marked in red for your reference.

2. In the methods section the period of "database onset" should be specified

Response: We specified the period of “database onset” in the method section, as following: Medline (PubMed, 1966 to October 31, 2016), EMBASE (OVID, 1980 to October 31, 2016), Scopus (1995 to October 31, 2016) and Cochrane library were used.

All the changes in the manuscript are marked in red for your reference.

3. The authors should report if the PICO format (or other formats) was used for the criteria selection establishment
Response: We reported the PICOs in the introduction section, as following: The PICO format was adopted to establish specific selection criteria in which P was referred to the gastric cancer patients undergoing gastrectomy, I was referred to EIN, C was referred to EN, O includes both clinical outcome, immunological and nutrition status index. The design style was limited to randomized controlled trials (RCTs).

All the changes in the manuscript are marked in red for your reference.

4. Appropriate reference should be added in the statistical section as regard the "heterogeneity" (Higgins et al.)

Response: Thanks. We have added the reference by Higgins et al. regarding the heterogeneity.

All the changes in the manuscript are marked in red for your reference.

5. The discussion section needs to be implemented with the more detailed discussion about the length of hospital stay as well as the complications.

Response: Thanks for the valuable suggestion. We have discussed the length of hospital stay as well as the postoperative infectious complications in more detail in the discussion section, as following: The postoperative infectious complication included respiratory tract infection, urinary tract infection, sepsis, intraabdominal abscess and surgical wound infection. However, single infectious event such as pulmonary infection, incision infection did not change. the improvements of postoperative infectious complication may be primarily manifested in the other part of the body. Nevertheless, the LHS was not shorter in EIN compared to EN. In addition to the postoperative complication, LHS was probably affected by medical insurance system and the hospital manage mode.

All the changes in the manuscript are marked in red for your reference.