**Author’s response to reviews**

**Title:** Assessement of postoperative long-term survival quality and complications associated with radical antegrade modular pancreatosplenectomy and distal pancreatectomy: a Meta-meta-analysis and systematic review

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**Author’s response to reviews:**

Dear Ulrich Friedrich Wellner, PD Dr. med:

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled "Comparison of postoperative long-term survival quality and complications associated with radical antegrade modular pancreatosplenectomy and distal pancreatectomy: a Meta-analysis and systematic review" (BSUR-D-18-00306R3).

First of all, before submitting, we carefully referred to the journal's submission guidelines again to meet the journal's formation requirements. Second, we upload a clean revision that does not contain any tracked changes or highlights as the main article file. And provide the manuscript with tracked changes or highlighting as a supplementary manuscript. Third, we have carefully studied the opinions and revised them, hoping to be recognized. The main corrections and responses to reviewers' comments are as follows:
Responds to the reviewer’s comments:

Reviewer #1: please assess / discuss the risk of selection bias induced by inclusion of small tumors for the minimal invasive approach in RAMPS: were tumor stage and minimal invasive approach balanced between DP and RAMPS?

Response to comment: According to 7th AJCC/UICC TNM classification, All of the TNM installments in the literature are summarized to form 1.

Table 1 The tumor stage of DP vs RAMPS Procedure

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As shown in table 2, we conducted subgroup analysis of TNM staging in RAMPS and DP groups. There was small heterogeneity in the results of the association between each included in the study (I2 = 0%, P for heterogeneity = 0.50). Using a fixed effects model. There was no significant difference in AJCC/UICC TNM classification between RAMPS and DP (P> 0.05). So the tumor stage and minimal invasive approach balanced between DP and RAMPS is stable.

Table 2 subgroup analysis of TNM staging in RAMPS and DP groups

Reviewer #2: you answered to the reviewers' questions but you did not include these answers in your manuscript where appropriate (e.g. search terms for database query). please perform the necessary revisions.
Response to comment:

Literature search strategies, page 3-4, the statements of “according to the manual of the Cochrane collaboration manual retrieval strategy, determine we used the search words is: "Radical antegrade modular pancreatosplenectomy ", and "Distal/left Pancreatectomy" for data retrieval ” were corrected as “We conducted the search strategy using the following terms: #1 research design [mh] OR clinical trials [mh] OR comparative study [mh] OR placebos [mh] OR multicenter study [pt] OR clinical trial [pt] OR random* [tiab] OR placebo*[tiab] OR clinical trial* [tiab] OR controlled clinical trial [pt] OR randomized controlled trial [pt] OR practice guideline [pt] OR feasibility studies [mh] OR clinical protocols [mh] OR single blind* [tiab] OR double blind* [tiab] OR triple blind* [tiab] OR treatment outcomes [mh] OR epidemiologic research design [mh] OR double blind method [mh] OR pilot projects [mh]; #2 " radical antegrade modular pancreatosplenectomy ":[MeSH]; #3 "Distal "OR " Left "OR " Far "OR" Pancreatectomy "; #4 #1 AND((#2 OR #3).”

And we have checked the opinions of the reviewer again, and the remaining opinions are not reflected in the document as appropriate

Reviewer #3: the english language has been improved but is still not sufficient for publication. some passages sound awkward (e.g. "risk of pathological examination", "forest map" etc.). please correct.

Response to comment: We employed an English-language editing service, Dr. Jerry (http://cureedit.com services. (freescience)) to polish por wording. Certification is attached.

Special thanks to you for your good comments.

Sincerely yours,

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