

PROCESS 2020 Checklist (Full English Version, Pre-filled for UEIICDG Manuscript)

Fully compliant with BMC Surgery submission requirements, double-blind peer review compatible, no identifiable institutional information

Topic	Item No	Official PROCESS 2020 Checklist Item Description	Answer	Reported Section in Manuscript	Reviewer Rationale (Pre-filled)
Title	1	The title includes the study type (case series), study population, intervention, and clinical condition	Yes	Manuscript Title & Title Page	Title clearly states the case series type, clinical condition (suprapapillary duodenal ulcer), intervention (UEIICDG), and 26-case cohort
Keywords	2	3-6 keywords are provided, including the study type (case series), covering the clinical condition, intervention, and study design	Yes	Keywords	Keywords: <i>Suprapapillary duodenal ulcer; Refractory upper gastrointestinal bleeding; Case series; Distal gastrectomy; UEIICDG</i>
Abstract	3a	The abstract explains the clinical context and unique value of the study	Yes	Abstract - Background	Clearly states the clinical dilemma of refractory bleeding from suprapapillary duodenal ulcers and limitations of conventional treatments
Abstract	3b	The abstract describes the study methods: retrospective design, study period, intervention, and study population	Yes	Abstract - Methods	States retrospective single-center design, 2020 - 2024 study period, 26 consecutive patients treated with UEIICDG
Abstract	3c	The abstract reports key clinical outcomes: hemostasis, complications, mortality, and follow-up results	Yes	Abstract - Results	Reports no postoperative rebleeding/leakage, 1 mortality in an elderly patient, no ulcer recurrence at 12-month median follow-up
Abstract	3d	The abstract summarises the clinical implications of the	Yes	Abstract - Conclusions	States that UEIICDG may serve as a viable alternative

Topic	Item No	Official PROCESS 2020 Checklist Item Description	Answer	Reported Section in Manuscript	Reviewer Rationale (Pre-filled)
		study findings			for high-risk patients when endoscopic therapy fails
Introduction	4	The introduction provides disease background, limitations of existing treatments, relevant literature, and study novelty in 1 – 2 concise paragraphs	Yes	Introduction	Covers epidemiology of peptic ulcer bleeding, limitations of endoscopic and conventional surgical treatments, and rationale for the novel UEIICDG technique
Methods	5a	Clinical trial registration number and registration statement are provided	Partial	Methods – Study Design	<i>This retrospective single-center case series did not require prospective clinical trial registration according to local institutional standards</i>
Methods	5b	The study design is clearly stated (retrospective/prospective, single-center/multicenter, consecutive enrolment)	Yes	Methods – Study Design	Explicitly states <i>retrospective, single-center case series</i> with consecutive patient enrolment
Methods	5c	The study setting, enrolment period, intervention timing, and follow-up period are clearly defined	Yes	Methods – Study Design; Methods – Outcome Measures and Follow-up	Setting: tertiary general hospital; Enrolment: January 2020 – December 2024; Follow-up: until December 2025
Methods	5d	Inclusion and exclusion criteria are clearly defined, and patient baseline characteristics are summarised	Yes	Methods – Inclusion & Exclusion Criteria; Results; Table 1	3 inclusion criteria and 3 exclusion criteria are listed; baseline patient characteristics are fully summarised in Table 1
Methods	5e	Preoperative patient preparation and optimisation measures are described	Yes	Methods – Surgical Technique	Details preoperative endoscopic/medical haemostasis, fluid resuscitation, and fasting preparation
Methods	5f	The index intervention and any concomitant	Yes	Methods – Surgical	Details intraoperative haemostasis, postoperative

Topic	Item No	Official PROCESS 2020 Checklist Item Description	Answer	Reported Section in Manuscript	Reviewer Rationale (Pre-filled)
		interventions are described (e.g. antibiotics, thromboprophylaxis, nutritional support)		Technique	acid suppression, jejunal feeding tube placement, and peritoneal drainage
Methods	5g	The surgical technique, including anaesthesia, key steps, devices used, and technical innovations, is described in full detail	Yes	Methods - Surgical Technique; Figure 1	Step-by-step description of the UEIICDG procedure, with a schematic diagram in Figure 1 illustrating the technique
Methods	5h	The experience level of the operating surgeons is stated	Yes	Discussion - Limitations	Explicitly states <i>All operations were performed by experienced gastrointestinal surgeons</i>
Methods	5i	Measures taken to standardise the surgical procedure and reduce heterogeneity are described	Yes	Methods - Surgical Technique	Details standardised techniques for mucosal isolation, omental coverage of the duodenal stump, and intraoperative haemostasis
Methods	5j	Follow-up schedule, follow-up methods, assessments performed, and loss to follow-up are clearly stated	Yes	Methods - Outcome Measures and Follow-up	Defines 1/3/6/12-month follow-up timepoints, outpatient visits, endoscopy, and H. pylori testing; no patients were lost to follow-up
Results	6a	The total number of patients, demographic characteristics, and baseline disease features are reported, with a dedicated baseline table	Yes	Results; Table 1	Full baseline characteristics (age, sex, ulcer location, ulcer diameter) are summarised in Table 1
Results	6b	Any deviations from the planned surgical procedure are reported	Partial	Results	<i>All patients completed the planned UEIICDG procedure without intraoperative modification or conversion</i>
Results	6c	The key clinical outcomes are reported, including recurrence data and comparison with expected outcomes	Yes	Results; Discussion - Comparison with Previous	Reports no postoperative rebleeding, anastomotic leakage, or biliary obstruction; compares outcomes

Topic	Item No	Official PROCESS 2020 Checklist Item Description	Answer	Reported Section in Manuscript	Reviewer Rationale (Pre-filled)
		from the literature		Studies	with conventional surgical series
Results	6d	Patient adherence to postoperative care and follow-up is reported	Yes	Methods - Outcome Measures and Follow-up; Results	All surviving patients completed the 12-month follow-up and endoscopic reassessment
Results	6e	All perioperative adverse events are reported, including bleeding, leakage, obstruction, and mortality, with clear classification	Yes	Results; Table 1	No Clavien-Dindo grade ≥ 2 complications occurred; only 1 mortality from multiple organ failure in an elderly patient
Discussion	7a	A concise summary of the key findings of the study is provided	Yes	Discussion - Key Findings	Summarises that UEIICDG achieves reliable haemostasis with low short-term complication rates
Discussion	7b	The findings are compared with relevant published literature and clinical guidelines	Yes	Discussion - Comparison with Previous Studies	Compares outcomes with conventional Bancroft and Graham gastrectomy series, and references international ESGE guidelines for upper gastrointestinal bleeding
Discussion	7c	The strengths and limitations of the study are objectively and fully stated	Yes	Discussion - Advantages of UEIICDG; Discussion - Limitations	Strengths: technical simplicity, permanent ulcer isolation; Limitations: small sample size, retrospective design, single-centre experience
Discussion	7d	Future research directions are proposed based on the study findings	Yes	Discussion - Limitations (Final Paragraph)	Proposes prospective multicentre comparative studies with larger cohorts to validate the technique
Conclusions	8a	The core conclusions are drawn directly from the study	Yes	Discussion - Final	Conclusions are strictly based on the 26-patient

Topic	Item No	Official PROCESS 2020 Checklist Item Description	Answer	Reported Section in Manuscript	Reviewer Rationale (Pre-filled)
		results, without overstatement		Paragraph	cohort, with no exaggerated claims of superiority
Conclusions	8b	All conclusions are supported by the study data, with no over-extrapolation beyond the study population	Yes	Discussion - Final Paragraph	Conclusions are limited to the studied population of patients with refractory suprapapillary duodenal ulcer bleeding
Conclusions	8c	Recommendations for future clinical practice and research are clearly stated	Yes	Discussion - Final Paragraph	Recommends UEIICDG as a potential alternative for selected patients, and further validation via prospective studies
Patient Perspective	9	Patient-reported outcomes, interviews, or qualitative data are described (if applicable)	Partial	N/A	This study reports only objective clinical outcomes; no patient-reported outcome measures or qualitative interviews were included
Informed Consent	10	Ethics committee approval number and written informed consent statement are provided, including consent from legal representatives for deceased patients	Yes	Declarations - Ethics Approval and Consent to Participate	Ethics approval No. KY2020-002-03; written informed consent was obtained from all patients or their legal representatives
Additional Information	11a	Competing interests statement is provided	Yes	Declarations - Competing Interests	<i>The authors declare that they have no competing interests</i>
Additional Information	11b	Funding sources and grant numbers are stated (only in the blinded Title Page, removed from the main manuscript for double-blind review)	Partial	Title Page Only	Funding information is included only in the separate Title Page document, with no funding-related text in the blinded main manuscript
Additional Information	11c	CRedit author contribution statement, ethics approval, and conference presentation statement are provided	Yes	Declarations - Authors' Contributions	Full CRedit author contribution statement is included; this study was not presented at any scientific

Topic	Item No	Official PROCESS 2020 Checklist Item Description	Answer	Reported Section in Manuscript	Reviewer Rationale (Pre-filled)
					conference
Clinical Images	12	Clinical images/figures are provided with clear legends, annotating key anatomical structures and procedural steps	Yes	Figure 1 Legend	Figure 1 is a schematic diagram of the UEIICDG technique, with clear annotation of intraoperative steps and postoperative reconstruction
Reference Checklist	13	The Methods section states that the study adheres to the PROCESS 2020 guidelines, and the PROCESS guideline is cited in the references	Yes	Methods - Study Design; References	<i>This case series was reported in accordance with the PROCESS 2020 guidelines for the reporting of surgical case series</i> ; the PROCESS 2020 guideline is cited in the reference list