



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 47218

**Title:** Digestive Tract Reconstruction Options After Laparoscopic Gastrectomy for Gastric Cancer

**Reviewer's code:** 02537403

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Senior Lecturer

**Reviewer's country:** Romania

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-04-29 08:15

**Reviewer performed review:** 2019-05-09 21:00

**Review time:** 10 Days and 12 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

Currently, no consensus exists regarding the best reconstructive procedure after



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laparoscopic gastrectomy (LG). However, the type of reconstructive procedure determines the quality of life (QoL) for patients with gastric cancer (GC). This paper systematically analyzed the reconstruction methods that may be used and included them into three categories according to the type of resection (laparoscopic distal, proximal and total gastrectomy). The authors highlighted the technical tips of every reconstruction procedure, and assessed also their surgical outcomes and postoperative complications. Therefore, this comprehensive review helps the gastrointestinal surgeons to understand the benefits and drawbacks of all the procedures. The randomised control studies included in this review were analyzed in order to bring more evidence regarding laparoscopic gastrectomy in the treatment of advanced gastric cancer, which is expected to encounter a period rapid development. The near future will probably clarify by means of large trials all the controversies regarding the reconstruction methods and the optimal choice of the reconstruction procedure and anastomotic device in every case of laparoscopic gastrectomy for gastric cancer. The authors conclude that the premise should always be radical gastrectomy and lymphadenectomy, and the reconstruction procedure should be selected to improve the QoL postoperatively by considering the safety, efficiency, minimal invasion, stability, and QoL. Finally, this systematic review is clinically helpful for surgeons, revealing the merits and demerits of every reconstruction method, based both on literature and personal experience.

## **INITIAL REVIEW OF THE MANUSCRIPT**

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**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 47218

**Title:** Digestive Tract Reconstruction Options After Laparoscopic Gastrectomy for Gastric Cancer

**Reviewer's code:** 00503176

**Position:** Editorial Board

**Academic degree:** MD,PhD

**Professional title:** Professor

**Reviewer's country:** Croatia

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-06-05 07:36

**Reviewer performed review:** 2019-06-05 07:49

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input checked="" type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

I must emphasize that I am not an expert in the field of laparoscopic GC



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surgery/reconstruciton, but have only a general insight. In my opinion - this is a valuable work, clearly presented, that is likely to be very infromative for the readers. There are only 2 minor methodological points that need to be revised: The work is declared as a "systematic review of the literature" - therefore, the Methods section should contain the list of databases searched and the Results section should include the PRIMSA flowchart (hits identified; exclusion of duplicates; number checked through abstracts/number excluded; number retrieved in full text/numer excluded - number of included reports) - these two points are standard elements in reporting systematic literature reviews. I have no other comments.

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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Gastrointestinal Oncology

**Manuscript NO:** 47218

**Title:** Digestive Tract Reconstruction Options After Laparoscopic Gastrectomy for Gastric Cancer

**Reviewer's code:** 00071178

**Position:** Editor-in-Chief

**Academic degree:** FACS,MD

**Professional title:** Associate Professor

**Reviewer's country:** Turkey

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-06-07 02:54

**Reviewer performed review:** 2019-06-14 20:02

**Review time:** 7 Days and 17 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
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		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
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**SPECIFIC COMMENTS TO AUTHORS**

Dear Authors My comment as below: The conclusion of this study was an indication



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that this study did not contribute to the literature. Abbreviations in subheadings should not be used alone. It must be written clearly before abbreviation. The working period is not specified. 2015 ...? . This is an important problem. The dates of the study should be clearly stated. The authors should explain why they did not include less than 10 patients in this study. So this choice was made at the request of the authors? or is it based on the result from a statistical analysis? Reconstruction models should be compared with the control groups to determine which is better. No such comparison was made in this study. Therefore, the authors merely presented their own ideas in these studies. Therefore, this article should not be published as a systematic review. If it is to be published, it must be published in Review format. The authors did not include the articles published before 2015 and attributed this to high complication and learning curves. How did they calculate who completed the learning curve? For example, a surgeon who has been performing laparoscopic surgery for years is likely to complete the learning curve before 2015. Some writers I know belong to this group. In summary, this study may be published by other journals of the WJG series under review. Finally, the authors used the phrase "Acknowledgments" as follows: This work was supported by the Jiangsu Province Young Key Talents Program (QNRC2016673). Acknowledgment to Dr. Hui Zhang for every professional advice in statistics. First, I did not understand how the authors could have received support from the organization called Jiang Jiangsu Province's Key Provincial Young Talents Program için. Second, no statistical analysis method was used in this study. Therefore, I suggest that these statements be removed from the study

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