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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52460

Title: Non-robotic gastrectomy as an independent risk factor for postoperative intra-abdominal infectious complications: A single-center, retrospective and propensity score-matched analysis

Reviewer's code: 03258070
Position: Editorial Board
Academic degree: MD
Professional title: Doctor, Surgeon
Reviewer's country: Italy
Author's country: Japan

Manuscript submission date: 2019-11-15
Reviewer chosen by: AI Technique
Reviewer accepted review: 2019-11-16 14:18
Reviewer performed review: 2019-11-23 13:24
Review time: 6 Days and 23 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS

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[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[ ] Anonymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[Y] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[Y] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced
			[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

Dear Editor, Thanks for the opportunity to revise this manuscript, which I read with keen interest. Overall, I found the manuscript well written and interesting, especially due to the relatively paucity of evidences upon the matter. Herein my comments: - The authors state that "All LG procedures were performed by ESSQS-qualified surgeons who were involved as either the operating surgeon or assistant surgeon. Meanwhile, RG was performed by surgeons certified to operate a DVSS console, qualified by the ESSQS, and certified by the Japanese Society of Gastroenterological Surgery" At the same time the authors state in the results section that 100% of the RG cases while only 56.5% of the LG cases were handled by qualified surgeons. This is not clear? Do the authors mean that only 56% of the laparoscopic cases were operated on by qualified surgeons as fisrt operating surgeon? Please clarify - The study of post-gastrectomy pancreatic fistula is gaining interest during the last years. I found the results provided by the authors useful to the global knowledge. However, there is no mention on how PF was diagnosed during the postoperative course. Were drain-amylases routinely measured or only in the presence of clinical suspicion? Was the diagnosis made according to the ISGPF definition? These findings con PF are important but should be better defined. - Also, there are a least two systematic reviews with meta-analysis investigating on the incidence of PF

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after gastrectomy (open vs. minimally invasive, Surg Endosc 2017, and Lap vs. Robot, J Laparoendos Adv Surg Tech 2018), whose main findings should be commented while analyzing the current evidence upon the argument

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52460

Title: Non-robotic gastrectomy as an independent risk factor for postoperative intra-abdominal infectious complications: A single-center, retrospective and propensity score-matched analysis

Reviewer's code: 02839900
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer's country: China
Author's country: Japan

Manuscript submission date: 2019-11-15
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[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[ ] Onymous
[Y] Grade D: Fair	[ ] Grade D: Rejection	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[Y] Rejection	[ ] Advanced
			[ ] General
			[Y] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

Non-robotic gastrectomy is popular in world. May be non-robotic gastrectomy is a independent risk factor. The ratio of intra-abdominal infectious complications is low. The value of the paper is small.

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52460

Title: Non-robotic gastrectomy as an independent risk factor for postoperative intra-abdominal infectious complications: A single-center, retrospective and propensity score-matched analysis

Reviewer's code: 03017516
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Assistant Professor, Senior Postdoctoral Fellow, Surgeon, Surgical Oncologist
Reviewer's country: France
Author's country: Japan

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Reviewer accepted review: 2020-02-06 10:23
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[ ] Grade D: Fair	[ ] Grade D: Rejection	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[ ] Advanced
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			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

The study is remarkable, for the number of included patients, the methodology, the large experience of the authors in minimally invasive gastrectomy. The rates of complications and mortality demonstrate the quality of the activity of this referral center. The article is well written and the methodology well explained and well conducted. I have however some remarks: Background: for gastric cancer, the current randomized and/or prospective evidence supports the non-inferiority of laparoscopic surgery especially for the management of early GC located in the distal stomach, while the definitive efficacy of the laparoscopic approach for more surgically challenging situations remains largely explorative and investigative. In my opinion it would be better to "mitigate" the sentence "Recently, laparoscopic gastrectomy (LG) has been extensively used provided that it is a minimally invasive and safe curative procedure for GC". Introduction, line 5: same remark concerning the role of minimally invasive surgery for gastric cancer. Introduction, line 2: I would say: "surgical resection with or without perioperative chemotherapy". Results: the authors founded lower intra-abdominal infections for robotic gastrectomy versus laparoscopic. Eight surgeon performed the robotic gastrectomies (44.8 for each surgeon) whereas 33 surgeons performed the laparoscopic procedures (31.6 for each surgeon). Moreover, 100% of the

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RG cases and only 56.5% (572/1042) of the LG cases ($p < 0.001$) were handled by qualified surgeons. Don't you think that the lower volume of surgeons performing the laparoscopic procedures and the lower percentage of procedures performed by qualified surgeons may explain the difference in postoperative morbidity? Did you analyze the volume per surgeon as a potential predictive factor of postoperative morbidity? How do you explain the lower rate of intra-abdominal infections after robotic surgery? Do you really have a less precise dissection with laparoscopy? What is the cause of intra-abdominal infections? Where they related to hematomas, or small leaks? I would like to better understand your hypothesis on your findings. Why do you say "non-robotic surgery" instead of "laparoscopic surgery"? I congratulate the authors for this work and encourage them to perform also a RCT on the topic.

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Name of journal: World Journal of Gastroenterology

Manuscript NO: 52460

Title: Non-robotic gastrectomy as an independent risk factor for postoperative intra-abdominal infectious complications: A single-center, retrospective and propensity score-matched analysis

Reviewer's code: 02841708
Position: Peer Reviewer
Academic degree: PhD
Professional title: Professor
Reviewer's country: China
Author's country: Japan

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SPECIFIC COMMENTS TO AUTHORS

Author should explain his results in Discussion section, and unnecessary introduction should be deleted.

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Name of journal: World Journal of Gastroenterology

Manuscript NO: 52460

Title: Non-robotic gastrectomy as an independent risk factor for postoperative intra-abdominal infectious complications: A single-center, retrospective and propensity score-matched analysis

Reviewer's code: 02468626
Position: Peer Reviewer
Academic degree: MD
Professional title: Associate Professor
Reviewer's country: Italy
Author's country: Japan

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			[Y] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

SPECIFIC COMMENTS TO AUTHORS

I have read with pleasure this manuscript comparing robotic surgery to laparoscopic surgery for the treatment of gastric cancer. The paper is well written and the methods are robust due to the high number of patients included. Major remarks 1) At multivariate analysis, the stage of gastric cancer appeared to be the third most important determinant of post-operative morbidity. Therefore, accurate preoperative staging is crucial. However, there is no mention on how the patients were diagnosed and staged (EGD, EUS, CT scan, etc.). In particular, the critical role of EUS in gastric cancer staging should be briefly emphasized. 2) In case of early cancer, selection between endoscopic resection and surgery should be discussed. 3) There is no mention whether the patients were diagnosed after they became symptomatic or as a result of a screening program, or both. 4) Did the authors look for Helicobacter pylori infection? On the other hand, was it systematically eradicated before surgery? Please comment 5) Overall, open gastrectomy seems an issue of the past while reading this manuscript. In fact, while only 25 patients were referred to upfront open gastrectomy (and excluded from the protocol), the rate of conversion to open gastrectomy seems very low (0.1 %). Please explain the reasons for this choice in Japan, while in other areas of the world open surgery for gastric cancer is still widely adopted. 6) Although the paper was mainly addressed at

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complications, It would be interesting to have a short notice about the margins of resection (R0 vs R1 resection) with the two techniques. Microscopic margins of resection are indeed important for the oncological outcomes. Minor remarks In view of the comments, a few references need to be added -Sasako M. Progress in the treatment of gastric cancer in Japan over the last 50 years. Ann Gastroenterol Surg. 2020 Jan 30;4(1):21-29. -Fusaroli, P., Kypraios, D., Eloubeidi, M.A., Caletti, G. Levels of evidence in endoscopic ultrasonography: A systematic review (2012) Digestive Diseases and Sciences, 57 (3), pp. 602-609. -Aurello P, Cinquepalmi M, Petrucciani N, et al. Impact of Anastomotic Leakage on Overall and Disease-free Survival After Surgery for Gastric Carcinoma: A Systematic Review. Anticancer Res. 2020;40(2):619–624. -Catena, F., Di Battista, M., Ansaloni, L., Pantaleo, M., Fusaroli, P., Di Scioscio, V., Santini, D., Nannini, M., Saponara, M., Ponti, G., Persiani, R., Delrio, P., Coccolini, F., Di Saverio, S., Biasco, G., Lazzareschi, D., Pinna, A. Microscopic margins of resection influence primary gastrointestinal stromal tumor survival (2012) Onkologie, 35 (11), pp. 645-648.

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