



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 72100

**Title:** Postoperative mortality and morbidity after D2 lymphadenectomy for gastric cancer: A retrospective cohort study

**Provenance and peer review:** Invited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05465713

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Attending Doctor, Doctor, Surgeon, Surgical Oncologist

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-10-04

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-04 15:54

**Reviewer performed review:** 2021-10-06 01:39

**Review time:** 1 Day and 9 Hours

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
<b>Conclusion</b>	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Peer-reviewer statements</b>	Peer-Review: [ <input checked="" type="checkbox"/> ] Anonymous [ <input type="checkbox"/> ] Onymous Conflicts-of-Interest: [ <input type="checkbox"/> ] Yes [ <input checked="" type="checkbox"/> ] No
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### **SPECIFIC COMMENTS TO AUTHORS**

The authors evaluated the impact of stage on morbidity and mortality of gastric cancer patients and concluded that mortality and morbidity rate were higher in N+ and advanced gastric cancer patients and the removal of more than 35 lymph nodes does not lead to an increase in mortality. This study could provide some useful suggestions for future clinical practice. As known to us, D2 lymphadenectomy is recommended in most East Asian countries such as China, Southern Korean and Japan, in your opinion, should D2 lymphadenectomy be routinely performed among gastric cancer patients and does the range of lymphadenectomy actually affect survival of gastric cancer patients? And as a suggestion, it is best to evaluate the impacts of the range of lymphadenectomy on survival of gastric cancer patients.



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**Peer-review model:** Single blind

**Reviewer's code:** 06045450

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Surgical Oncologist

**Reviewer's Country/Territory:** Iran

**Author's Country/Territory:** Italy

**Manuscript submission date:** 2021-10-04

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-05 21:38

**Reviewer performed review:** 2021-10-11 10:16

**Review time:** 5 Days and 12 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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#### **SPECIFIC COMMENTS TO AUTHORS**

Personally, I do not recommend prophylactic cholecystectomy during cancer surgery due to its increased operative time and it's non-functional for the patient. Other than that, the article is good and practical. Good work.