

# PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 72688

**Title:** The comparison of the short and long-term outcomes between laparoscopic and open total gastrectomy for locally advanced gastric cancer after neoadjuvant chemotherapy

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01557283 Position: Editorial Board Academic degree: MD, PhD

**Professional title:** Associate Professor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-10-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-10-31 09:58

Reviewer performed review: 2021-11-07 00:21

**Review time:** 6 Days and 14 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ Y] Minor revision [ ] Major revision [ ] Rejection



Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [ Y] No

### SPECIFIC COMMENTS TO AUTHORS

Summary of comments. The present study well analyzed the surgical outcomes after OTG and LTG following NACT. However, the present study was retrospective and single institutional study. Therefore, the authors should analyze historical bias. comments. 1. Introduction. Line 3, Page 5. The authors mentioned that neoadjuvant chemotherapy (NACT) reduced surgical risk. The authors should cite appropriate references about this. Postoperative complication rate after NAC may be equivalent to that of surgery-first therapy. 2. Material and methods. Patients. Since when have the authors perform LTG following NACT? If the authors performed LTG after NACT since 2012, how did the authors select LTG patients? The authors mentioned the present study was retrospective. Did not the present study include historical factor? This means the present study contained improvement of surgical technique of LTG between 2012 and 2019. The authors should number of patients undergoing LTG from 2012 to 2015, and that from 2016 to 2019 in Table 1. 3. Results. The authors should perform multivariate analyses of OS and DFS including historical factor (i.e., from 2012 to 2015 vs. from 2016 to 2019). Minor comments 1. Result & Conclusion. The abbreviations of pCR, ORR, AGC should be fully spelled when first appeared.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03036083

Position: Peer Reviewer

Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-10-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-22 19:06

Reviewer performed review: 2021-11-22 21:16

**Review time:** 2 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ Y] Major revision [ ] Rejection



Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous
statements	Conflicts-of-Interest: [ ] Yes [ Y] No

### SPECIFIC COMMENTS TO AUTHORS

There are many article reporting that NACT have an advantage in advanced gastric cancer. Recent results from the RESOLVE study showed that Perioperative SOX has a better survival than adjuvant SOX which suggest the benefit of NACT. On the other hand, there are several articles showing that LTG has a same oncological outcomes as OTG. However, there are no phase III RCT trial showing that LTG is inferior to OTG in advanced gastric cancer. In this study, authors showed that the operative outcomes were similar between treatment groups which provides new aspect to this field. general, NACT is administered to locally unresectable nonmetastatic gastric cancer or patients who are at a high risk of developing distant metastasis. In this study, it seems that there are several patients who does not have a indication for NACT, although there is no clear indication for NACT. It might be better to limit the sample to those with general indications for NACT. 2. Several patients used S-1 alone as a NACT. However, S-1 is usually combined with other chemotherapy. Therefore, I recommend excluding patients treated with S-1 alone for NACT. 3. According to Table 5, surgery costs were higher and hospitalization costs were lower in LTG group compared with OTG group. However, total costs seems to be similar. Please provide the data for total costs.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05576252 Position: Editorial Board Academic degree: MD

**Professional title:** Consultant Physician-Scientist

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

Author's Country/Territory: China

Manuscript submission date: 2021-10-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-22 08:35

Reviewer performed review: 2021-11-25 11:53

**Review time:** 3 Days and 3 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection



Re-review	[Y]Yes []No
Peer-reviewer	Peer-Review: [ ] Anonymous [ Y] Onymous
statements	Conflicts-of-Interest: [ ] Yes [ Y] No

# SPECIFIC COMMENTS TO AUTHORS

The manuscript is well written and interesting. No important edits are needed in my opinion.



# RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 72688

**Title:** The comparison of the short and long-term outcomes between laparoscopic and open total gastrectomy for locally advanced gastric cancer after neoadjuvant chemotherapy

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03036083 Position: Peer Reviewer Academic degree: MD

**Professional title:** Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-10-24

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2022-01-21 19:14

Reviewer performed review: 2022-01-21 19:22

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [ ] Yes [Y] No

# SPECIFIC COMMENTS TO AUTHORS

Authors revised the manuscript according to comments of reviewers. I consider accepting this manuscript.