



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 74271

Title: Gastrostomy tubes: fundamentals, periprocedural considerations, and best practices

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05975745

Position: Editorial Board

Academic degree: PhD

Professional title: Professor

Reviewer’s Country/Territory: India

Author’s Country/Territory: United States

Manuscript submission date: 2021-12-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-20 04:04

Reviewer performed review: 2021-12-20 04:11

Review time: 1 Hour

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 Grade E: Do not publish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



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Peer-reviewer statements	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

1. In the Introduction section, the drawbacks of each conventional technique should be described clearly. 2. You should emphasize the difference between other methods to clarify the position of this work further. 3. The Wide ranges of applications need to be addressed in the Introduction 4. Add the advantages of the proposed system in one quoted line for justifying the proposed approach in the Introduction section. 5. In the introduction, the findings of the present research work should be compared with the recent work of the same field towards claiming the contribution made. , kindly provide several references to substantiate the claim made in the abstract (that is, provide references to other groups who do or have done research in this area).



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Peer-review model: Single blind

Reviewer's code: 05301514

Position: Peer Reviewer

Academic degree: MD

Professional title: Chief Doctor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2021-12-18

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-12-25 12:14

Reviewer performed review: 2022-01-05 13:14

Review time: 11 Days

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



Peer-reviewer statements	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

This review paper focuses on the indications for gastrostomy tube placement, the features of various gastrostomy procedures, and the adverse events associated with gastrostomy. Adverse events should be especially noted because gastrostomy tube placement is often performed in elderly and undernourished patients. Once an adverse event occurs, it can be fatal, so healthcare professionals involved in gastrostomy should strive to minimize the adverse event. The manuscript is well written. Relevant literature has been thoroughly scrutinized. The conclusion is clear. However, there are some issues that need to be addressed in this review paper. I have several comments below: 1. Keywords Comment: The authors listed 14 keywords, which seems to be too many. According to the journal guidelines for mini-reviews, Keywords should be up to 6 and based on MeSH Tree. Please revise the contents of Keywords. 2. INTRODUCTION, GASTROSTOMY TUBE INDICATIONS, CONTRAINDICATIONS Comment 1: Tables 1, 2 and 3 are all too long. The content of the main text should not be repeated in the Table. Table should be more concise and clear. Please revise the contents and structure of the Table. Please check the Table in the following literature: Percutaneous endoscopic gastrostomy: indications, technique, complications and management. Rahnemai-Azar AA, Rahnemaiazar AA, Naghshizadian R, Kurtz A, Farkas DT. World J Gastroenterol. 2014 Jun 28;20(24):7739-51. Comment 2: The abbreviation "G-tube" is used in Table 1. In the main text, "Gastrostomy tube" is mainly used, and "G-tube" is used only once. Please unify whether to use "Gastrostomy tube" or "G-tube". I think it would be better to unify with the "Gastrostomy tube" throughout the manuscript. Comment 3: The abbreviations "PIG", "IGP", "PLAG", and "LAPEG" are used in Table 1. The authors



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should not use undefined abbreviations in Table 1. (Although these abbreviations are defined later in the main text)

3. Radiologic placement: brief overview
Comment: The abbreviation "IGP" is not common. The authors should not use uncommon abbreviations. "RIG" (radiologically inserted gastrostomy) and/or "PRG" (percutaneous radiological gastrostomy) may be more common.

4. Comparison of endoscopic gastrostomy methods
Comment: The authors described the Russel introducer technique is inferior to the SLiC technique. However, the modified introducer method allows direct placement of a larger button-bumper-type catheter. The authors should describe the modified introducer method at the end of this section. Please check the following literature:
Prospective randomized trial comparing the direct method using a 24 Fr bumper-button-type device with the pull method for percutaneous endoscopic gastrostomy. Horiuchi A, Nakayama Y, Tanaka N, Fujii H, Kajiyama M. *Endoscopy*. 2008 Sep;40(9):722-6.
Usefulness of percutaneous endoscopic gastrostomy for supportive therapy of advanced aerodigestive cancer. Ogino H, Akiho H. *World J Gastrointest Pathophysiol*. 2013 Nov 15;4(4):119-25.

5. Comparison of endoscopic, radiologic, and laparoscopic gastrostomy tube placement methods
Second paragraph: "However, IGP is more commonly performed than PIG across some institutions."
Comment: Please list references.
Second paragraph: "Despite lower rates of bleeding and pain, PEG pull technique could cause more superficial wound infection and buried bumpers than IGP technique.[60,61]"
Comment: Citation of reference [60] here is inappropriate. Reference [60] reports that tube-related complications were less in the PEG group than in the PRG group, and infections were not different between the two groups.

6. REFERENCES
Comment: In some references, the author's name is given in the initials. Please list the author's name appropriately.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer's code: 05301514

Position: Peer Reviewer

Academic degree: MD

Professional title: Chief Doctor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: United States

Manuscript submission date: 2021-12-18

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2022-03-17 10:14

Reviewer performed review: 2022-03-18 18:05

Review time: 1 Day and 7 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<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
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

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

SPECIFIC COMMENTS TO AUTHORS

Reviewer comments were generally addressed appropriately. Unfortunately, this revised manuscript has a serious error. The contents of Introduction and Conclusion are exactly the same. This is unacceptable. Keywords have not been modified. In addition, the Core tip states that 200 references have been reviewed, even though the number of references is 179.