

## PEER-REVIEW REPORT

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

**Manuscript NO:** 79679

**Title:** Development of a warning score for early detection of colorectal anastomotic leakage: Hype or hope?

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

**Peer-review model:** Single blind

**Reviewer's code:** 00536689

**Position:** Editorial Board

**Academic degree:** MD

**Professional title:** Assistant Professor, Surgeon

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

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

**Manuscript submission date:** 2022-09-12

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-15 05:53

**Reviewer performed review:** 2022-09-15 06:05

**Review time:** 1 Hour

Scientific quality	<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 Grade E: Do not publish
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 type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Interesting job. Extreme current topic in colorectal surgery. Some clarifications 1. How was anastomotic leakage diagnosed? 2. Was a classification used for anastomotic leakage? If so, which one? 3. How was the anastomotic leakage treated? 4. It is necessary to mention the treatment in consideration of the fact that patients undergoing right colic resections and patients undergoing left colorectal resections were included. 5. Was abdominal drainage used at the end of the surgical procedure? 6. Were there protective ostomies? 7. Was a transanastomotic tube used in left colorectal resections?

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

**Peer-review model:** Single blind

**Reviewer's code:** 05469117

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Adjunct Professor, Chief Physician, Deputy Director

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

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

**Manuscript submission date:** 2022-09-12

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-18 16:54

**Reviewer performed review:** 2022-09-22 18:06

**Review time:** 4 Days and 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
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Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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## SPECIFIC COMMENTS TO AUTHORS

Thank you for inviting me to evaluate the observational study titled “ Development of a warning score for early detection of colorectal anastomotic leakage: Hype or hope?”. It is an interesting paper, the authors developed a predictive classification system [Early ColoRectAL Leakage (E-CRALL) score) from a prospective observational, single center cohort, carried out in a colorectal division from a non-academic hospital, the score performance and CAL threshold from postoperative day (POD)3 to POD5 were estimated. The conclusion is that The E-CRALL score is an accessible tool to predict CAL at an early timepoint. Additionally, E-CRALL can reduce overall healthcare costs, mainly in the reduction of hospital costs, independent of whether a patient developed CAL. The information in this review is helpful to clinical communities. The paper is well arranged and the logic is clear, and. The cited literature is comprehensive and modern. The provided figure and tables are well composed and understandable. The quality of language of the manuscript is acceptable for me. So, I recommend to you that this manuscript may be accepted. There are some advices for author: 1) Is there a data bias in the research data of the colorectal department of a non-academic hospital, whether it has promotion value, because it is often affected by the level of surgeons, surgical methods, and technical conditions, such as whether to perform preventive ostomy, may significantly reduce colorectal anastomotic leakage. 2). Why are interleukin-6, ascites, and the examination of ascites not listed as variables in E-CRALL?