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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 32881

Title: Robotic Total Gastrectomy With Intracorporeal Anastomosis Adopting The Double-Loop Approach

Reviewer's code: 01981051

Reviewer's country: China

Science editor: Yuan Qi

Date sent for review: 2017-02-01

Date reviewed: 2017-02-02

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

Dear authors, It is a good observational study who reported the outcome of RTG in one insitution. TG with minimally invasive technique is quite challenging with either laparoscopic technique or robertic technique. With a series of 55 patients who successfully recovered, we can be convinced by the authors and draw such a conclusion that it can be safe. It is of value to be published in the journal. Even so, there are some points that need to be addressed. Firstly, the hand-sewn technique with robertic assistance is still hard and should be followed carefully. Maybe the author can give some suggestions or tips of how to do this in the discussion part. Usually this technique is more difficult that that with side-to-side anastomosis. Secondly, the pictures did not show clearly the important steps and views of the reconstruction and should be added as they are so important and convincing to the readers. Thirdly, Something need to be clarified as almost one third of the patient s have their tumor located in the lower third that may not necessarily need total gastrectomy. The morbidity rate is quite low yet at



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least one patient had a long hospital stay. Still some words such as sovramesocolic are confusing and there are some spelling errors. Finally the paper can be published in the journal.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 32881

Title: Robotic Total Gastrectomy With Intracorporeal Anastomosis Adopting The Double-Loop Approach

Reviewer’s code: 00505458

Reviewer’s country: Germany

Science editor: Yuan Qi

Date sent for review: 2017-02-01

Date reviewed: 2017-02-03

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

The authors present their way of reconstruction after gastrectomy by using a robot, and achieved excellent results. Though they clearly presented their major points there are some minor aspects, which can be clarified. - the authors mentioned that the esophagus has to be opened, has it been closed before? - only the table indicates how the authors extract the tissue - why only 2 cm between the two loops, as in open surgery some prefer to cover the anastomosis by the surplus? - every method for reconstruction has to tackle the functional problems of blind loop syndroms, or of inadequate transisition through the substitute stomach (e.g. weight loss), this mainly can be checked not before months after surgery?