

PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 43117

Title: Novel abdominal negative pressure lavage-drainage system for anastomotic leakage after R0 resection for gastric cancer

Reviewer's code: 01436649

Reviewer's country: Croatia

Science editor: Ruo-Yu Ma

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SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is an extensive and very impressive study involving a huge number of the patients, and providing a new successful method. Therefore, in my view the authors should modify the concluding paragraph in Introduction In January 2014, a novel abdominal

negative pressure lavage-drainage system (ANPLDS) was routinely used for patients with AL at our institution with the aim of reducing the failure-to-rescue (FTR) rate for AL and the risk of reoperation. In this report, we present our utilization of and experiences with ANPLDS for AL after RG for GC. Our hypothesis was that ANPLDS can effectively reduce the FTR and the risk of reoperation, and it is a feasible management of AL. to clearly emphasize the success and benefit of the new approach. Also, the last paragraph in Discussion, in the present form goes with extreme modesty of the authors This study had several limitations. First, it is a single-center retrospective study that needs to be verified by a multi-center, large sample prospective trial. Second, due to the limited number of AL cases, we analyzed all reconstruction methods instead of focusing solely on one type of anastomosis, which may increase the heterogeneity of the patient's material. The last study limitation was the influence of experience on mortality; one could argue that increasing experience could explain the reduction in mortality, as recently suggested[28]. However, the impact of experience on mortality is expected to be progressive, and thus the FTR rate should decrease progressively. In our study, the incidence of AL before and after the implementation of ANPLDS was similar. Additionally, the FTR rate decreased suddenly after the implementation of ANPLDS. In addition, before the study period, our surgical team had performed more than 1000 cases and had sufficiently mastered the RG procedure for GC. Therefore, it is reasonable to assume that the decline in FTR is a direct external effect of this new treatment. In my view this has to be accordingly changed to emphasize the clear benefit (and no hesitation) of the novel approach.

INITIAL REVIEW OF THE MANUSCRIPT

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7901 Stoneridge Drive, Suite 501,
Pleasanton, CA 94588, USA

Telephone: +1-925-223-8242

Fax: +1-925-223-8243

E-mail: bpgoffice@wjgnet.com

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