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PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 52348

Title: A novel method (a bilateral pedicled nerve flap) for lymphadenectomy along the left recurrent laryngeal nerve during thoracoscopic esophagectomy in semi-prone position for esophageal carcinoma

Reviewer's code: 03270443

Position: Peer Reviewer

Academic degree: FACS, MD, PhD

Professional title: Associate Professor

Reviewer's country: Japan

Author's country: China

Manuscript submission date: 2019-11-09

Reviewer chosen by: Jie Wang

Reviewer accepted review: 2019-11-17 22:14

Reviewer performed review: 2019-11-24 05:21

Review time: 6 Days and 7 Hours

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 Grade E: Do not publish		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

SPECIFIC COMMENTS TO AUTHORS

The authors aim to present a novel method for lymphadenectomy along the left RLN during thoracoscopic esophagectomy in the semi-prone position. The paper is well written and seems statistically true. However, there are some points to be clarified in this paper as follows. Conventional operation method is not well described in the Methods section. The authors should describe how to allocate patients to the novel method and the conventional method. If the conventional method group was a historical control, the result of a larger number of lymph nodes dissected and a shorter operative time could simply be due to the learning curve. In the methods section, the authors should describe whether the anesthesia is performed by unilateral ventilation with a bronchial blocker or bilateral ventilation. When was the esophagus cut in the Novel method? If it is not cut, even though enough lymph node dissection may be possible in thin patients as shown in the figure, it should be difficult in obese patients to dissect the cranial side of the left RLN lymph nodes because of the difficulty in securing a surgical field.

INITIAL REVIEW OF THE MANUSCRIPT

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