

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 69879

Title: Laparoscopic vs open total gastrectomy for advanced gastric cancer following neoadjuvant therapy: A propensity score matching analysis

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05225448

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-07-15

Reviewer chosen by: Jin-Lei Wang

Reviewer accepted review: 2021-07-15 23:38

Reviewer performed review: 2021-07-19 11:22

Review time: 3 Days and 11 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 Grade E: Do not publish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 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 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



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

Thank you for the privilege of reviewing your work. This manuscript is well written. While interesting, the manuscript has number of small shortcomings. The author evaluated the long- and short-term outcomes of LTG for AGC following NAT. 1. The authors described a high-dose opioid with more than 120mg/day of oral morphine. They need to state this rationale. 2. The authors compared LTG and OTG retrospectively. Were there selection biases? Why the authors choice the LDG without the safety data of LTG? 3. Reference 15 reported the long-term outcomes of LTG following NAT. The authors need to describe the difference from this report. 4. In discussion, it was unnecessary "To the best of our knowledge" twice.

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Title: Laparoscopic vs open total gastrectomy for advanced gastric cancer following neoadjuvant therapy: A propensity score matching analysis

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05194798

Position: Editorial Board

Academic degree: MD

Professional title: Director

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-07-15

Reviewer chosen by: Jin-Lei Wang

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Review time: 8 Days and 11 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 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

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

SPECIFIC COMMENTS TO AUTHORS

This manuscript is a retrospective study that investigated the long- and short-term outcomes of advanced gastric cancer patients who underwent laparoscopic total gastrectomy (LTG) versus open total gastrectomy (OTG) following neoadjuvant therapy using propensity score matching analysis. The authors showed LTG was associated with a shorter length of hospital stay, compared to OTG. Furthermore, the authors found the rate of R0 resection, lymph node harvest, and postoperative morbidity as well as overall survival were comparable between the two groups. They concluded that LTG can be a feasible surgical treatment for advanced gastric cancer patients following neoadjuvant therapy. This study was conducted well, and the methods are appropriate. The data are presented clearly. In general, this is a well-written paper that presents interesting data. The results will be of interest to clinicians in the field. However, the following minor issues require clarification: Minor 1. In neoadjuvant therapy for advanced gastric cancer, chemotherapy is common than chemoradiotherapy. I recommend that the authors focus on the patients who underwent neoadjuvant chemotherapy. 2. (Table 1) I think the patients with distant metastasis belong to IVB in the pathological TNM stage. 3. (Results) Please provide a breakdown of distant metastasis. 4. (Results) The authors should provide data regarding the past history of abdominal surgical treatment, which can influence the outcomes. 5. (P10L4) Please insert a decimal point in “P=0103”. 6. (P12L20-) I feel this paragraph seems somewhat sudden and little coherence. I understand the importance of staging laparoscopy; however, it seems to get off the main topic in this study.

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Peer-review model: Single blind

Reviewer's code: 05301514

Position: Peer Reviewer

Academic degree: MD

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Reviewer's Country/Territory: Japan

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Reviewer chosen by: Jin-Lei Wang

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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

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

Comments to the Author This study compares outcomes between LTG and OTG after neoadjuvant therapy in patients with advanced gastric cancer using propensity score matching. The choice between LTG and OTG for advanced gastric cancer still remains controversial. This is a retrospective, single-center study, therefore the results may have been biased; however, the authors tried to reduce bias using propensity score matching. This is an interesting and valuable paper for gastroenterologists and oncologists. The manuscript is well written. However, I have several comments below:

1. MATERIALS AND METHODS - Propensity score matching and statistical analysis

Comment 1-1: "American Society of Anesthesiologist (ASA)" is the name of the society. The authors should revise to "American Society of Anesthesiologists physical status classification (ASA)" or "American Society of Anesthesiologists physical status classification (ASA-PS)"

Comment 1-2: The authors chose ypT, ypN, and ypTNM as variables for calculating propensity score using logistic regression analysis. However, strictly speaking, the authors should choose Clinical T, Clinical N, and Clinical TNM because at the time of choice between LTG and OTG, the surgeon does not know the pathological result. The variable for calculating propensity score must be a factor that has already been determined at a point in time (or at the same time) prior to the assignment of LTG or OTG. However, since ypT, ypN, ypTNM and Clinical T, Clinical N, Clinical TNM are often similar variables, I allow the authors to choose ypT, ypN, and ypTNM as variables. Please check the following paper: Long-term Outcomes of Laparoscopic Versus Open Surgery for Clinical Stage I Gastric Cancer: The LOC-1 Study. Honda M, Hiki N, Kinoshita T, et al. Ann Surg. 2016;264(2):214-22.

Comment 1-3: Which did the authors

use, the log-rank test or the generalized Wilcoxon test, to compare the survival curves? Please specify.

2. RESULTS - Clinicopathologic Characteristics of Patients
Comment: The second line of this paragraph, "...before PSM (n=185) and after PSM (n=138). There was a significant difference between the two groups..." Please add "Before PSM," between "(n=138)" and "There was".

3. RESULTS - Long-term oncological outcomes
Comment: "metastasis (P=0103)" is a typo and should be revised to "metastasis (P=0.103)"

4. DISCUSSION
Comment 4-1: Page 12, "By using a multivariate Cox regression analysis, we further found that pathological T stage and N stage were independent risk factors for OS and that the type of total gastrectomy did not influence the prognosis." Please revise "multivariate" to "univariate and multivariate" because hazard ratio of LTG vs OTG was calculated using univariate Cox regression analysis, and LTG vs OTG was not put into multivariate Cox regression analysis.
Comment 4-2: In this study, cases with missing data were excluded and multiple imputation was not performed. The authors should describe it as a limitation.

5. Table 1
Comment: "Pathological T satge" and "Pathological N satge" are typos. "stage" is correct.