

Reviewer #1:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Rejection

**Specific Comments to Authors:** I fully agree with the authors, the most one of the limitation of the original study is the higher cost of robotics which might be led the possible errors in the selection of patients. And the long-term followup and higher quality study is necessary to provide more scientific evidence to prof the ability of the roobtic sugury technique.

R.: Thank You for Your comment. So far, robotic devices and longer operative times contribute to higher costs of this approach if compared with open or even laparoscopic surgery, especially in western countries. However, lower overall costs (including hospital stay, morbidity costs evaluation and other postoperative parameters) of robotic technique, compared to lps or open surgery, have been described in some selected experiences from far eastern countries. Nevertheless, all the studies, regardless to their origin, report higher costs for robotic devices. This specific drawback could lead the socio-economic status to influence the technical choice, as wealthy patients may make a specific request for the robotic technique, that the surgeon could be willing to fulfill.

Robotic approach for gastric cancer surgery seems to be very promising, though further studies are needed to solve some technical issues and to analyze long term results. These topics have been better clarified in the discussion and specific references have been added.

Reviewer #2:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The authors in this manuscript, expounds the application of minimally invasive technology in gastric cancer surgery, compared with open surgery, laparoscopic surgery and robot aided technology, point relative to support the advantages of laparoscopic and robotic surgery, but the lack of data support, only expressed from the personal point of view of literature summary, although relatively speaking, this view has a certain identity, But it lacks direct persuasion and guiding significance.

R.: Thank you for your kind comment. We highlighted pros and cons of both approaches compared to open surgery and we reported the data of the most relevant scientific literature. We have added our personal opinion. In fact, in the last paragraph we clearly state that laparoscopic D2 lymphadenectomy is technically challenging and time-consuming and we think that the robotic approach could overcome some of the difficulties intrinsic to laparoscopic approach, even if conclusive data about advantages and long-term results of robotic procedure are not yet available in literature. We firmly believe that robotic technology for gastric cancer surgery will become a gold standard in the future, but we claim for further studies on larger samples of patients from western countries to prove this vision. This particular aspect was also clarified in the revision.

Reviewer #3:

**Scientific Quality:** Grade E (Do not publish)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Rejection

**Specific Comments to Authors:** Thank you for the great effort which was exerted by the authors to discuss such a critical area of interest regarding the minimally invasive gastrectomy for stomach cancer. The manuscript didn't add or prove an evidence based approach for minimally invasive gastrectomy. They addressed the Laparoscopic approach which has been mentioned in the literature to be a gold standard technique in minimally invasive gastrectomy, while, the robotic approach and analysis was not addressed adequately. regards

R.: Thank You for the useful comment. Minimally invasive surgery for gastric cancer may be more effective and recommended for early gastric cancer and for partial gastrectomy, rather than for advanced stages or when a total gastrectomy may be required. Although there is growing evidence of its promising results, so far it doesn't seem to be the gold standard for gastric cancer surgery. In fact, even if postoperative recovery appears to be improved and morbidity lowered in minimally invasive approach, some technical issues such as the adequacy of the extent of D2 lymphadenectomy, or the complexity of fashioning the oesophagus-jejunal anastomosis, still remain. Furthermore, these steps haven't been standardized yet. Robotic approach probably overcomes the laparoscopic difficulties of performing a correct D2 lymphadenectomy providing three-dimensional view and greater

degrees of freedom in handling surgical devices, resulting in safer procedures. Nevertheless, the learning curve for robotic technique seems to be steeper, and difficulties related to anastomoses fashioning in total gastrectomy remain the same of laparoscopy. Conclusive data regarding robotic approach to gastric cancer surgery are not yet available. Our opinion, based on scientific literature review and personal experience, is that robotic technique will probably overcome these issues and could become the gold standard approach in the near future. Further studies are needed to face the technical difficulties related to mini-invasive technique and in order to standardize procedures. This has been implemented in the discussion.

**Re-reviewer 1:**

**SPECIFIC COMMENTS TO AUTHORS**

The comments submitted by author suggested that GC with robotics surgery had good prognosis, as many articles reported. However, no detailed data are provided. The opinion is well known, but lacks scientific value.

R.: Thank You for the useful comment. Indeed, the aim of the letter was to underline the promising results of minimally invasive and in particular robotic surgery in gastric cancer as well as to clarify and synthesize the main issues related to such complex and challenging procedures, not to strengthen the scientific value of a already well known opinion. Prognosis is not different between open or laparoscopic or robotic surgery and this could be considered already a good result itself, confirming the feasibility of these approaches in gastric cancer surgery. However, references have been updated to support the scientific value.

**Re-reviewer 2:**

**SPECIFIC COMMENTS TO AUTHORS**

Authors have well expressed their opinion with drawn conclusions. They have probed the manuscript and highlighted the main points felicitously.

R.: Thank You for the comment.

*(1) Science editor:*

The manuscript "Benefits of minimally invasive surgery in the treatment of gastric cancer" is a short communication (Letter to the Editor). The authors discuss the data of the study by M. Nakauchi and colleagues (WJG, 2021; 27(39): 6659-6672). The statements provided by the authors of the Letter are correct. However, neither contradictions nor additional information are provided. This limits the possibility of further discussion in "The authors' reply".

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade D (Fair)

R.: Thank You for giving us the possibility to publish in Your valued journal and for your comments. We definitely agree with the conclusions reported by Nakauchi, even if we underlined some technical aspects which may limit the widespread of robotic procedures; these cannot be considered contradictions as well, but issues like proper extent of lymphadenectomy and the lack of standardization of the anastomosis fashioning are challenging topics of discussion; we better emphasized our technical point of view in the manuscript. Additional information about results have been added to the discussion, though the main topic is that further studies on wide scale are mandatory to analyze the technical difficulties of minimally invasive approach in gastric cancer surgery, and long-term results of the robotic technique. Wide experience has been reported from far eastern countries; however, it probably differs from ours both because of costs and patients' selection criteria.

***(2) Company editor-in-chief:***

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

R.: Thank you for your support and for giving us the possibility to publish in Your valued journal. We deeply revised the manuscript in order to meet the helpful comments of the reviewers, hoping they will now deem it suitable for publication. Thank you once again.