

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 84999

Title: Optimal choice of stapler and digestive tract reconstruction method after distal gastrectomy for gastric cancer: a prospective case-control study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06503189

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor, Research Associate

Reviewer's Country/Territory: France

Author's Country/Territory: China

Manuscript submission date: 2023-05-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-05-08 00:34

Reviewer performed review: 2023-05-11 00:42

Review time: 3 Days

	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	 [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	 [] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No scientific significance
Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

We reviewed with interest the manuscript "Optimal choice of stapler and digestive tract reconstruction in distal gastrectomy". In fact it's an interesting work and has clinical implication, Conclusion was that it's both secure and achievable to use linear or circular stapler for digestive tract reconstruction in radical gastrectomy for distal gastric cancer, but the use of linear stapler has greater advantages in postoperative recovery, which provides a potential and effective strategy for the treatment of gastric cancer. Comments/suggestions: 1. Title and key words - well chosen. 2-The abstract summarized and reflect the described in the manuscript. 3. Introduction contains the most important data to support the importance of the study. 4. Material and methods the paragraphs are generally well structured and explained. 5. Results section is well and clearly presented with pertinent statistics. 6. Discussion paragraph could be expanded to underline the clinical application of this study and the potential limitations. Also, directions for future research could be discussed. 7. Good quality of the Tables. But I recommend that it be readjusted that F/χ^2 is not necessary in the table and makes little sense. 8. References –appropriate, latest and important.



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Reviewer's code: 06520308

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Doctor, Research Associate

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2023-05-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-05-06 03:26

Reviewer performed review: 2023-05-14 23:34

Review time: 8 Days and 20 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair [] Grade D: No novelty
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SPECIFIC COMMENTS TO AUTHORS

At present, the selection of stapler and digestive tract reconstruction plan is increasing in clinical practice. In this paper, the author further discusses the application effect of different reconstruction plans in radical gastrectomy of distal gastric cancer by combining examples. This prospective study shows that the first feeding time, first exhaust time, and postoperative hospital stay were lower in linear stapler than in round stapler, indicating that the postoperative gastrointestinal function recovers faster after linear stapling. However, they also found that Billroth-I and Billroth-II have similar effects on the long-term life quality of patients after surgery. Therefore, the optimal plan can be selected according to the individual situation and postoperative convenience. The manuscript is very interesting and useful. I have only a minor point to discuss. Is it possible to interchange the horizontal and vertical titles in the tables? This might make it more comprehensible for the readers. I recommend that the manuscript can be published after polishing the English.