



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Clinical Cases*

**Manuscript NO:** 88460

**Title:** Colorectal Resections for Malignancy: A Pilot Study Comparing Conventional Versus Freehand Robot-Assisted Laparoscopic Colectomy

**Provenance and peer review:** Invited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05260676

**Position:** Peer Reviewer

**Academic degree:** FASGE, PhD

**Professional title:** Surgeon

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** Trinidad and Tobago

**Manuscript submission date:** 2023-09-26

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-11-28 13:43

**Reviewer performed review:** 2023-12-03 00:50

**Review time:** 4 Days and 11 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Novelty of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
<b>Creativity or innovation of this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

Robot-assisted surgery represents the progress of science and technology and represents the future direction of human development, but it is not helpful for the prognosis of tumors at present. Moreover, the cost is expensive, large-scale development is suspected of wasting resources, and conditional areas can be carried out according to their actual conditions. The robotic camera holder solves this problem well, which can save cost and carry out minimally invasive surgery. Compared with the traditional laparoscopic surgery, this surgery is the main operator through the head movement to control the lens, directly reflect the will of the main operator, the surgical quality can be guaranteed, there is a large space for use, can be used in the majority of third world countries, and with the increase in the number of surgical procedures, the surgical quality will not be lower than the Da Vinci robot surgery.