PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 88528

Title: Predicting short-term major postoperative complications in intestinal resection for Crohn's disease: A machine learning-based study

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05126185

Position: Editorial Board

Academic degree: PhD

Professional title: Associate Professor

Reviewer's Country/Territory: South Korea

Author's Country/Territory: China

Manuscript submission date: 2023-09-27

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-12-20 04:13

Reviewer performed review: 2023-12-27 01:24

Review time: 6 Days and 21 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] 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	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] 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

I am really grateful to review this manuscript. In my opinion, this manuscript can be published once some revision is done successfully. I made one suggestion and I would like to ask your kind understanding. This study used numeric data from 259 patients, applied monogram and achieved the area under the curve of 91.6% for the prediction of short-term postoperative complication in intestinal resection for Crohn's disease. This study presented monogram construction as well. I would argue that this is a good achievement. However, it can be noted that the random forest often outdoes monogram and random forest variable importance and Shapley Additive Explanations (SHAP) summary plot are very effective to identify the strength and direction of association between the complication and its major predictor. In this context, I would like to ask the authors to derive the random forest variable importance and SHAP summary plot.