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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 89732

Title: Burden of gallstone disease in the United States population: Prepandemic rates and trends

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01206150
Position: Editorial Board
Academic degree: MD, PhD
Professional title: Chief Doctor, Research Scientist
Reviewer's Country/Territory: China
Author's Country/Territory: United States

Manuscript submission date: 2023-11-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-11-22 00:53

Reviewer performed review: 2023-11-23 02:12

Review time: 1 Day and 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

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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) [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

In this paper, national survey and claims databases were used to investigate prepandemic rates and trends in the gallstone disease burden in the United States. Gallstone disease prevalence (claims-based, 2019) was 0.70% among commercial insurance enrollees, 1.03% among Medicaid beneficiaries, and 1.65% among Medicare beneficiaries and rose over the previous decade. Recently, in the U.S. population, gallstone disease contributed to approximately 2.2 million ambulatory care visits, 1.2 million emergency department visits, 625,000 hospital discharges, and 2,000 deaths annually. The information provided in this paper is valuable. The language need to be refined. The following were some sentences (not all indicated). In the US population, persons with gallstone disease had increased mortality overall and from cardiovascular disease and cancer over a 20-year period and this relationship was found for both ultrasound-diagnosed gallstones and cholecystectomy. All privately insured enrollees with a single consistent birth year recorded in CDM who resided in the U.S. and were continuously enrolled for at least one full calendar year were included. The claims-based prevalence was calculated as the percentage of privately insured enrollees each year who

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qualified as gallstone disease patients. It was highest among 54.4 million Medicare beneficiaries, of whom 1.1 million had a gallstone disease diagnosis for a claims-based prevalence of 2.09% (2019). and was lowest among Asians was highest among American Indians/Alaska natives, followed by Hispanics, Whites, Hawaiians/Pacific Islanders, and Blacks, and was lowest among Asians. Ambulatory care visit and hospital discharge rates were highest among Hispanics In contrast to national hospitalization data that includes persons regardless of health insurance status, among commercial insurance enrollees hospitalization rates increased. Mortality data are dependent on the accuracy of death certificates that may vary by condition and chronic diseases that contribute to mortality are frequently underreported.

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Peer-review model: Single blind

Reviewer's code: 00068912
Position: Editorial Board
Academic degree: DSc, MD
Professional title: Full Professor
Reviewer's Country/Territory: Russia
Author's Country/Territory: United States

Manuscript submission date: 2023-11-14

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-12-17 09:18

Reviewer performed review: 2023-12-17 16:35

Review time: 7 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 [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

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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) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The article entitled "Burden of Gallstone Disease in the United States Population: Prepandemic Rates and Trends", by Aynur Unalp-Arida and Constance E. Ruhl, is devoted to the analysis of national survey and claims databases of patients with gallstone disease in order to expand on previous findings and examine the pre-pandemic rates and trends in the prevalence of this disease in the United States among individuals of different ethnicities. The authors used data from various national databases: The National Ambulatory Medical Care Survey, National Inpatient Sample, Nationwide Emergency Department Sample, Nationwide Ambulatory Surgery Sample, Vital Statistics of the U.S., Optum Clinformatics® Data Mart, Centers for Medicare, and Medicaid Services (CMS). The title, abstract and keywords correspond to the text of the article. Gender and racial differences in the prevalence of gallstone disease are presented: the highest prevalence was among Hispanic women and the lowest prevalence was among black patients. Hospitalisation rates for patients with cholelithiasis have been shown to have decreased over the past approximately 30 years, due to the shift to outpatient laparoscopic cholecystectomy. However, cholelithiasis remains one of the

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costliest diseases among digestive diseases. The data presented in this article are important for further development of the tactics of organising medical care for these patients.

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Title: Burden of gallstone disease in the United States population: Prepandemic rates and trends

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 01558248
Position: Editorial Board
Academic degree: FACS, MD, PhD
Professional title: Professor, Surgeon
Reviewer's Country/Territory: Taiwan
Author's Country/Territory: United States

Manuscript submission date: 2023-11-14
Reviewer chosen by: Yu-Lu Chen
Reviewer accepted review: 2023-12-15 01:14
Reviewer performed review: 2023-12-20 06:14
Review time: 5 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] 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 [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

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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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1. Pleae give the full spelling for GSD if appearred first time. 2. These data from different period from differnt sources used in this report. How about the bios? 3. The numbers of patient were set on the "thousant" as a unit for measurement, it is better to descript in the section of method. 4. Could you explain the main reasons for the different results of claims-based prevalence from differnt sources? 5. Ambulatory laparoscopic rates were higher among Whites compared with Blacks and why? Please tell the possible reasoms in the discussion. 6. Please shorten the content in the text where possible.

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Manuscript NO: 89732

Title: Burden of gallstone disease in the United States population: Prepandemic rates and trends

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00723704
Position: Peer Reviewer
Academic degree: N/A

Professional title: Chief Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: United States

Manuscript submission date: 2023-11-14

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2023-12-20 02:20

Reviewer performed review: 2023-12-29 06:33

Review time: 9 Days and 4 Hours

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

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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

In this article, the authors used national survey and claims databases to expand on earlier findings and investigate prepandemic rates and trends in the gallstone disease burden in the United States. The results indicates that the burden of gallstone disease in United States is considerable and rising. Definitely, gallstone disease is not likely to kill people, yet is very "expensive". The findings of this article may provide some basis for practice patterns monitoring and adjustment. In this aspect, the work done by the authors is meaningful. There are still some questions for the authors: 1. In this article, the result shows that " Women had higher medical care rates with a gallstone disease diagnosis, but mortality rates were higher among men. Hispanics had higher ambulatory care visit and hospital discharge rates compared with Whites, but not mortality rates. Blacks had lower ambulatory care visit and mortality rates, but similar hospital discharge rates compared with whites". What are the reasons causing such results? What is the guiding significance of these findings in the aspect of practice pattern monitor? 2. The conclusion of this article is "the gallstone disease burden in the United States is substantial and increasing, particularly among women, Hispanics, and

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older adults with laparoscopic cholecystectomy as the mainstay treatment" . However, this finding is not mpvel, similar conclusion has been proposed in past articles. I would like to see more unique and novel findings in this article. 3. I am not quite familiar with the medical insurance system of the United States, so I don't know why the data were different between different kinds of insurance types, for example, "blacks had a lower prevalence compared with Whites among Medicare and Medicaid beneficiaries, but not private insurance enrollees". Does the type of insurance influence the medical behaviors, for example, people's health seeking or physical examination behaviors, or diagnosis & treatment methods selection, so as to influence the statistical results？ 4. The discussion part of this article is not deep enough. For example, the burden and the morbility of gallstone disease are different in different population, including age, agenda and insurance types. What causes these differences? Are the reasons helpful for disease prevention in order to lighten the burden? I would like to see more related disgussions in this article. 5. It is the end of 2023 now. The data used in this article were not new enough. As we know, after the COVID-19, the medical pattern, disease spectum and the medical concious of people may have changed in many contries. Is the analysis of old data much helpful for current medical situation? If the authors can analyze recent data or give a trend forecast, the article may have more guilding significance for gallstone disease. 6. Why does the laparoscopic cholesystectomy, as one of the curing method of gallstone disease, cause "doubling of gallstone disease" ?