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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 90106

Title: Don't forget Emergency Surgery! Lessons to learn from elective Indocyanine Green-guided gastrointestinal interventions.

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05751992
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Surgeon
Reviewer's Country/Territory: Spain
Author's Country/Territory: Italy

Manuscript submission date: 2023-11-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-11-30 07:44

Reviewer performed review: 2023-12-12 15:50

Review time: 12 Days and 8 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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish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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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] 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	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

I thank the Editor for allowing me to read and peer-review the present Editorial titled "Don't forget Emergency Surgery! Lessons to learn from elective ICG-guided gastrointestinal interventions." The manuscript is about a relevant and contemporary topic, which is the use of indocyanine green in emergency surgery. It points out some interesting ideas, such as the utility of first using the ICG in elective surgery to apply then in emergency surgery. However, I would suggest some major and minor changes (mainly regarding the approach of the manuscript) to make it more attractive to the reader. See my comments following the peer-reviewer checklist below: 1 The title reflects well the intention of the authors, although after reading the manuscript I would have expected more "lessons to learn" from the elective use of the ICG (see point 4 below). 2 Curiously, the abstract introduces the format of the article. I would expect a summary of the discussed concept instead. 3 The keywords reflect the focus of the manuscript. 4-7 Regarding the main text, I have a few comments: -- The first thing that strikes me is that the manuscript seems more like a Letter to the Editor in response to the mentioned article by Kalayarasan et al., rather than an Editorial. The reader is somehow forced to

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read the published work of Kalayarasan to completely understand the message. In my opinion, this is not appropriate for this type of work. It is OK to start discussing a topic concerning a published article, but it should be part of the discussion and not more important than other references. Moreover, it feels like authors laud Kalayarasan's work but also "negatively" note the fact of not commenting on emergency surgery. It is not "good" or "bad" for other authors to comment on it, it is just an option that deserves all respect. The present manuscript needs major changes in this regard, modifying the style and the many mentions to the previously published work. --The section titled "Lessons to learn from elective surgery" has a lot of introduction to the characteristics and functioning of the dye, but I do not see any "lesson" here from the elective use. Considering the title, I miss data on how the ICG has been spread and used more and more since its beginnings, for which procedures is currently well established, and how can this help in the particularities of emergent surgeries. Moreover, in the manuscript, the authors clearly state that the elective use of the dye is the best way to "train" to avoid improvisation when it is necessary for emergent procedures. Although an interesting concept (and maybe a "lesson"), it is quite general and, except for laparoscopic cholecystectomy, I wish the manuscript had deepened more specific data learned from the elective use that can be applied in emergency surgery (e.g. which are the pitfalls learned in elective surgery to avoid in emergency surgery? Is there any aspect that can be applied in elective surgery but not in emergency surgery? After knowing the reported decrease of complications in elective surgery, could the authors guess the impact of the ICG in emergency surgery? should we expect the same, bigger, or more moderate decrease of complications in the emergent setting?) -- Authors also stated "…, standardized evidence-based guidelines need to be developed, disseminated, and implemented for safe adoption in daily surgical practice." Authors should know that guidelines are now emerging; recently EAES guideline has been published, a remarkable

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work that deserves at least a mention (Cassinotti E. et al; Surg Endosc. 2023 Mar;37(3):1629-1648.). -- Why did the authors choose to extend on acute cholecystitis and intestinal ischemia? Could they give a rationale for that? Authors state "Laparoscopic cholecystectomy for acute cholecystitis is definitely the most common use of ICG in emergency surgery", is this statement based on any evidence, reference, or data that can be consulted? By the way, there are many other scenarios in which ICG can be used apart from those mentioned in the text (e.g. assessment and guidance for resection on liver or spleen trauma; guidance for lymphatic conduct ligation on chylothorax and chylous ascites…). -- Abbreviations (such as LC for laparoscopic cholecystectomy) should be defined upon first mention in the text. -- In the section titled "ICG-guided emergency laparoscopic cholecystectomy: when and why?" the authors claim that "According to numerous studies, ICG fluorescence (…) helps to identify the biliary tree elements more precisely during LC and hence to reduce biliary lesions and conversion-to-open events, (…)". Two paragraphs later they relate how the evidence about this specific topic is contradictory. They are not opposite but it is quite confusing. -- The first half of the section titled "An emergency dilemma: intestinal ischemia" is quite iterative. A more straightforward style would be simpler and easier to follow. Also about this section, if the conclusion is that ICG is still not useful, why use this example and not another in which ICG could have more clear benefits in an emergent setting? In addition, as a minor comment, there are some other limitations of the qualitative assessment of the intestinal viability with the ICG that are not mentioned (e.g. the fluorescence or brightness of the green varies depending on the distance between the intestinal wall and the camera). 8-10 Not applicable. 11 References are correctly cited and updated. Authors should only include one more reference (EAES guidelines), as I mentioned above. 12 I found the text not coherently organized, as the abstract introduces the format of the article and not the concept, there are too many mentions of a

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previously published work (even the conclusion is based on that), and "Lessons to learn" section does not describe those so-called lessons. In addition, there are two sections in which the authors have decided to explore and extend two examples of the application of ICG in emergency surgery: laparoscopic cholecystectomy and intestinal ischemia. The conclusion of the first one is that evidence about ICG use in emergency surgery is contradictory; the second one concludes that it is still not useful until qualitative measurement of the ICG is more advanced. I recognize the good intentions of the authors, but I would approach the topic differently. There are other emergent examples in which ICG has already clear benefits, and so they might have been mentioned to illustrate the usefulness of the ICG in emergency surgery. 13,14 Not applicable.