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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 91725

Title: Comparative analysis of two digestive tract reconstruction methods in total

laparoscopic radical total gastrectomy

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 07916863 Position: Peer Reviewer Academic degree: MD

Professional title: Assistant Professor, Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2024-01-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2024-01-22 12:43

Reviewer performed review: 2024-02-02 08:35

Review time: 10 Days and 19 Hours

	[] Grade A: Excellent [] Grade B: Very good [Y] 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	[] Grade D: Fair [] Grade E: Do not publish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



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Scientific significance of the	[] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair
conclusion in this manuscript	[] 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

The paper compared and evaluated double-tract reconstruction (DTR) and Roux-en-Y reconstruction (RY) in total laparoscopic radical total gastrectomy (TLTG), and proved that the clinical effect of DTR in TLTG is better than that of RY. Overall, the research topic is novel, content presentation is complete, and has some practical significance and clinical applications. However, some issues should be further addressed in current version. Please see my comments as follows: 1. Although the introduction of this paper is reasonable, DTR, RY and the innovations of this paper should be provided more details in the Introduction section. 2. In the Result, in particular, Section 5, 6, the authors should provide more detailed descriptions for postoperative gastrointestinal imaging and gastroscopy after surgery. 3. Some details of tables should be re-examined, such as notes, explanatory. 4. The writing format of the paper should be modified according to the requirements of the journal. Please check the manuscript for spelling, grammar and writing standards. 5. Please refer to other paper in this journal to modify the format of the References.