



## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Gastrointestinal Surgery*

**Manuscript NO:** 72062

**Title:** Long-term outcomes of postgastrectomy syndrome after total laparoscopic distal gastrectomy using the augmented rectangle technique

**Provenance and peer review:** Unsolicited manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 05049936

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author's Country/Territory:** Japan

**Manuscript submission date:** 2021-10-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-16 16:43

**Reviewer performed review:** 2021-10-22 11:41

**Review time:** 5 Days and 18 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<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 type="checkbox"/> Accept (General priority) <input checked="" 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



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<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
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### **SPECIFIC COMMENTS TO AUTHORS**

This manuscript describes the effects of augmented rectangle technique (ART) in total laparoscopic Billroth I reconstructions after distal gastrectomies in gastric cancer patients. The results of this clinical research shows ART could provide beneficial long-term results for postgastrectomy syndrome and quality of life in patients undergoing total laparoscopic distal gastrectomies for gastric cancer. There are still some limitations in this study. 1. The details of ART has not described in the section of methods. 2. The volume of patients in ART group was relative small. 3. The size of tumor was not provided which might effect the results of Billroth I reconstructions after distal gastrectomies in gastric cancer patients. 4. The section of discussion is redundant, which should only focus on the details and effects of ART on postoperative patients, and explain the reason of beneficial long-term results for postgastrectomy syndrome and quality of life in patients induced by ART.



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**Reviewer’s code:** 04743903

**Position:** Peer Reviewer

**Academic degree:** MD, MSc, PhD

**Professional title:** Doctor, Surgeon, Surgical Oncologist

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

**Author’s Country/Territory:** Japan

**Manuscript submission date:** 2021-10-07

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-24 08:58

**Reviewer performed review:** 2021-11-01 14:51

**Review time:** 8 Days and 5 Hours

<b>Scientific quality</b>	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
<b>Language quality</b>	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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### **SPECIFIC COMMENTS TO AUTHORS**

An interesting study investigated long-term outcomes of post gastrectomy syndrome after total laparoscopic distal gastrectomy using the augmented rectangle technique. In this study, the author team used two cohorts: (1) A total of ninety-four patients who underwent ART for Billroth I reconstruction with total laparoscopic distal gastrectomies for gastric cancer from Juntendo University. (2) 909 distal gastrectomy cases underwent both laparoscopic and open distal gastrectomies from a larger national database (PGSAS group). Major Comments: 1. The important baseline characteristics of the two cohorts are the major concern. For example, half of the PGSAS group underwent open surgery. I suggest only use the data of those who underwent laparoscopic surgery. Besides, propensity score-matched method is strongly recommended. 2. Postoperative period in months also results in heterogeneity.