

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This paper is well written. The discussion section should be more expanded. Endostaple may be overquality for LA, and may be avoided from cost reason. These point should be mentioned.

We thank the reviewer for the time to assess our manuscript and the constructive comment. We have added the following:

Another point indeed to be considered is that LA availability and that of the different devices rely upon the resources of the hospital and the country where surgery is performed and if any spending review is being carried out at that moment by the government. It has been demonstrated that LA is performed more frequently in high-income countries in comparison to low-income countries (67.7% vs 8.1%), with better postoperative outcomes [54]. The difference in the costs of the used surgical devices (above all stapler) represented a principal determinant for the overall economic impact of the surgical procedure in some recent reports [33 – 34, 36, 38, 50 – 52], to highlight how important is the cost-effectiveness in the measured outcomes. The medium saving reported in the present paper is relevant, varying from around approximately 300€ to more than 500€ just for the device, which then must be multiplied for the many LA conducted worldwide; further cost-analysis including OT and LOS could reach major savings.

Finally, studies of EL performing accurate cost analysis are required, together with adequately controlled randomized control trials comparing this method to polymeric clips, as both these methods been found to have the most efficient operation with the most favourable outcomes [50, 52].

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: I thank the editor for allowing me to revise the manuscript entitled "Laparoscopic appendectomy and endoloops: are they safe and cost-effective? Meta-analysis of a single centre experience in comparison to the international literature". I congratulate the author for their good work. The manuscript is well written and references are up to date as well. I recommend for publications.

We thank the reviewer for the time to assess our manuscript and very positive feedback.

Reviewer #3:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: This is an excellent paper. This meta analysis comes to the conclusion that even when acute appendicitis is complicated, the routine use of EL is safe in most patients. Besides, this meta-analysis claims the advantage of using the endoloop in laparoscopic appendectomy. I recommend acceptance of this manuscript.

We thank the reviewer for the time to assess our manuscript and very positive feedback.

Reviewer #4:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Rejection

Specific Comments to Authors: The authors have conducted a retrospective analysis to investigate the safety of endoloops in laparoscopic appendectomy, then pooled the results with other reports. However, the design and writing of this research was not done well. Aimed to report a retrospective cohort and make a meta-analysis simultaneously, the authors omitted some indispensable steps for conducting both retrospective study and meta-analysis, for example, the severity of appendicitis was varied between ES and EL

group, the postoperative complications differences between two groups may be determined by this variable but not by the methods to closure the stump, therefore, statistical methods should be designed to dissect their interplay. In addition, for conducting a high-quality meta-analysis, detailed inclusion criteria, quality assessment and basic characteristic description of included articles, are all should be reported.

We thank the reviewer for the time to assess our manuscript and the feedback. We have pooled our experience and compared it to the literature to gather evidence in terms of safety of endoloops and endostaplers for stump closure. We have then demonstrated no superiority of one technique over another, so there is actually implicit cost-effectiveness in using the cheaper surgical device (endoloop). We have also added a paragraph describing the limitations of this study as follows:

“Our study presents some limitations: the design is a retrospective analysis to investigate the safety of endoloops, then the results are pooled with other reports; the comparison between studies is difficult due to heterogenous patient selection and outcomes measured. However, EL use seems to have the potential for being a safe and cost-effective device.”

Revision reviewer:

Scientific Quality: Grade D (Fair)

Language Quality: Grade A (Priority publishing)

Conclusion: Rejection

Specific Comments to Authors: As commented previously, the severity of appendicitis, the most established risk factors of complications following appendectomy, distributed unequally between two groups, if this confounding factor is not adjusted, the conclusion will deviate from the truth.

We thank the editor and the reviewer for the time to assess our manuscript. We have demonstrated that there was no difference in the occurrence of post-operative complications, so we actually could claim that the cheapest device did not make a difference. We have also acknowledged in the limitations that the comparison between studies is difficult due to heterogenous patient selection and outcomes measured, so we

concluded that studies aiming at an accurate cost analysis are required, ideally in the form of randomized controlled trials comparing EL to polymeric clips, as both techniques are safe and effective, with favorable outcomes. We remain at your disposal should you have further comments Best regards Maria Irene Bellini, on behalf of the authors.

4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript. Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/ definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract.

Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip.

Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text.

Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

Thank you, we have revised accordingly.

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

We thank the Science Editor for the time to assess our manuscript and the constructive comments.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022. Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the Reference Citation Analysis (RCA). RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the

keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

We thank the Company Editor-in-Chief for the time to assess our manuscript and the constructive comments.