

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 21376

**Title:** The use of a clinical pathway in laparoscopic gastrectomy for gastric cancer

**Reviewer's code:** 00504581

**Reviewer's country:** Spain

**Science editor:** Jing Yu

**Date sent for review:** 2015-07-09 10:53

**Date reviewed:** 2015-07-20 02:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

1.- This is a descriptive and interesting report of a retrospective study about the rate of accomplishment (not the usefulness) of a Clinical pathway of surgical management after laparoscopic gastrectomy with lymph node dissection for early gastric cancer. Therefore the authors should change the aims of their study, because for the evaluation of the usefulness of a clinical pathway is not enough with the evaluation of their accomplishment. it should be needed to make many other comparisons. This is a retrospective study, so the authors should have compared the results of this study with the results obtained in another cohort of patients operated (open or laparoscopic surgery) without the implementation of this clinical pathway, ideally in a case-control design.

2.- results

1.-Add percentage to all the figures in the table 4, 5 and 6

2.- Why are so different the numbers of "wanted completion CP" in the internal anastomosis respect to the external anastomosis

3.- Was there any mortality?

4.- It is needed a better description of intraoperative events in the text, for instance 77, 30 organ injury 12 vessel injury and the rest?? what else? Intraoperative events occurred in 77 cases (1.6%). There were 31 intraoperative events during anastomosis,..... They should deserve a better and more detailed explanation, (adding a table)

5.- .....Seven of the 30

instances of organ injury involved severe adhesions due to previous abdominal operations severe adhesions? what does it means, could you better explain it? 6.- . 743 patients had histories 743 (x%) the percentage is needed 7.- Comparisons between the intra and extracorporeal anastomosis group are shown in Table 3 Despite of the fact the group of extracorporeal anastomosis seems to be a group with less surgical risk, the final results were worse. However, the results of this comparison give us only an scarce information. besides, this is not a randomized study and the groups are not homogeneous, so the comparative results showed could be misleading and has not any scientific value If this comparison would be made as a case-control design could have more value, because it will avoid some important bias 8.- All of the Complications grade I considered as "an observations cases" had impact in the drop out of CP? ,please add some commentary in the results and discussion 9.- The implementation of this CP implies the advantage of an early protocolized patient discharge. Therefore it is necessary to explain very well the reasons of the readmissions (early or late?) What was the rate of reoperations (early and late?) 10.- How many laparoscopic procedures had to be converted to open surgery discussion 11.- The authors should add some comments and thoughts about the weakness of their report

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**ESPS manuscript NO:** 21376

**Title:** The use of a clinical pathway in laparoscopic gastrectomy for gastric cancer

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**Reviewer's country:** Germany

**Science editor:** Jing Yu

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The manuscript by Hee Sung Kim and co-workers analyzes retrospectively in 4800 consecutive patients the use of a clinical pathway in laparoscopic gastrectomy for gastric cancer. The authors identify risk factors affecting dropout from the clinical pathway, and conclude that those patients should thus managed more carefully. This is an interesting analysis addressing a clinical relevant question. The analyzed patient cohort is very impressive. However, there are a number of concerns that should be addressed: ? It is not readily apparent why 'CP has rarely been suggested for conventional open gastrectomy in gastric cancer patients'. In the reviewers' opinion, these procedures are not more complex. In any event, there are also CP for open procedures. ? What are contraindications for LG in the authors' institution? Is the decision to perform LG at the discretion of the surgeon, or are all cases discussed in multidisciplinary boards? ? What exactly is a 'substantial numbers of LG for gastric cancer'? ? Maybe, the authors could comment briefly about other regions, in which gastric cancer incidence is lower and patient present with disease that is more advanced and where patients have more co-morbidities. ? The discussion section is rather long and could be shortened.