

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1804

Title: Weight loss and surgical outcomes of Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding

Reviewer code: 00035901

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-01-07 17:41

Date reviewed: 2013-02-07 22:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

The authors demonstrated the outcomes of two types of bariatric surgery. Recently, we have been given many informations by the clinical trials, and these trials have showed that GI hormones including GLP-1 significantly affected the outcome of bariatric surgery. To improve the quality of this paper, the authors should revise it according to the following suggestions;

- 1) What is the most important novel finding obtained from the present comparison study ? The authors should make it clear.
- 2) Because recent clinical and experimental trials have shown that GI hormones including GLP-1 significantly affected the outcome of bariatric surgery. The authors should compared the serum levels of GI hormones, especially gherkin and GLP-1.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1804

Title: Weight loss and surgical outcomes of Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding

Reviewer code: 00182864

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-01-07 17:41

Date reviewed: 2013-02-15 17:02

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

Dear Authors, It was nice to have no mortality such a large series Sincerely

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 1804

Title: Weight loss and surgical outcomes of Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding

Reviewer code: 00000663

Science editor: x.z.huang@wjgnet.com

Date sent for review: 2013-01-07 17:41

Date reviewed: 2013-02-23 19:17

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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 type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

COMMENTS

COMMENTS TO AUTHORS:

The authors report their experience on RYGB and LAGB, on the basis of the results observed in two hospitals where the two techniques were the techniques of choice. They conclude that RYGB produces a larger weight loss, with higher short-term post-operative complications (also fuelled by higher BMI), whereas LAGB produces more long-term complications and need for re-intervention. The number of cases included in the database was high and apparently no cases were lost to follow-up for primary outcome (no deaths in the five year follow-up?).

Major problems

1. The data are analyzed by a descriptive statistics that does not help imagine which kind of patients were included. The use of SEM prevents any idea on the dispersion of values. I would strongly suggest rewrite the manuscript (any part, text, tables and figures) reporting SD instead of SEM.
2. The two cohorts, although derived from the experience of different teams, might be compared more properly using logistic regression and the use of definite cut-offs (e.g., 20% or more weight loss, remission of diabetes, dyslipidemia, OSAS), after adjusting for baseline data and study group. This would greatly improve the significance of the results.