

# PEER-REVIEW REPORT

Name of journal: World Journal of Meta-Analysis

Manuscript NO: 84167

Title: Endoscopic versus Radiologic gastrostomy for enteral feeding: a systematic review

and meta-analysis

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00158526

**Position:** Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Slovenia

Author's Country/Territory: Brazil

Manuscript submission date: 2023-02-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-07 15:09

Reviewer performed review: 2023-03-18 22:41

Review time: 11 Days and 7 Hours

	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C:
Scientific quality	Good
	[Y] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	<ul> <li>[ ] Grade A: Excellent [Y] Grade B: Good [] Grade C: Fair</li> <li>[ ] Grade D: No novelty</li> </ul>
Creativity or innovation of	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair
this manuscript	[ ] Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ Y] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	<ul> <li>[ ] Accept (High priority) [ ] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ Y] Rejection</li> </ul>
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

The review of the manuscript: Endoscopic versus Radiologic gastrostomy for enteral a systematic review and meta-analysis The authors submitted the first feeding: systematic review on comparing two mostly used techniques for introducing feeding Numbered comments: 1. The fonts of the text should be equivalent trough the tubes. manuscript, there are also some typo errors. 2. The introduction is to short and it should mention also surgical gastrostomy procedures. Surgical technique is mentioned at the discussion part where I believe it is not necessary. 3. What is the reason to exclude pediatric studies ? However, I believe that you should exclude studies with PEGJ. 4. In my opinion it is to many tables, however the text can be longer.



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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03029329

**Position:** Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Brazil

Manuscript submission date: 2023-02-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-03-19 05:08

Reviewer performed review: 2023-03-19 13:51

Review time: 8 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	<ul> <li>[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair</li> <li>[ ] Grade D: No novelty</li> </ul>
Creativity or innovation of	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair
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Conclusion	<ul> <li>[ ] Accept (High priority)</li> <li>[ ] Accept (General priority)</li> <li>[ Y] Minor revision</li> <li>[ ] Major revision</li> <li>[ ] Rejection</li> </ul>
Re-review	[Y]Yes []No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

### SPECIFIC COMMENTS TO AUTHORS

The authors aimed to compare Endoscopic gastrostomy (PEG) and Radiologic gastrostomy (PRG) for enteral feeding concerning the complication. They selected comparative studies of PEG and PRG following the Preferred Reporting Items for Systemic Reviews and Meta-analyses guidelines. They disclosed that the only outcome that showed a significant difference was tube related complications. They concluded that PEG has lower levels of tube-related complications (such as dislocation, leak, obstruction, or breakdown) when compared to PRG. This manuscript appears nearly acceptable for publication, but there should be a more thorough discussion about the hypotheses that PRG caused tube-related complications more frequently. Furthermore, there are several grammatical and spelling errors, e.g. e 17 (lines 4 of 1st paragraph of Discussion), although (lines 17 of 9th paragraph of Discussion), Strengths (lines 4 of 10th paragraph of Discussion).