

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 86092

Title: Minimally invasive surgery for post cholecystectomy biliary stricture: current evidence and future perspectives

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06239610

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Poland

Author's Country/Territory: India

Manuscript submission date: 2023-05-30

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-05-30 18:16

Reviewer performed review: 2023-05-31 06:45

Review time: 12 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
Language quality	<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
Conclusion	<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
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I am very pleased that I was invited to review this manuscript. The authors carefully summarized the topic of minimally invasive methods for the repairment of Postcholecystectomy bile duct injury. I have some tips regarding your manuscript: 1. In the abstract section the authors wrote: "Future studies should overcome the current evidence's limitations and help choose the right patient for the minimally invasive repair of postcholecystectomy biliary stricture." - you cannot choose "the right' patient. It is better to write e.g. "the most suitable method for the patient with bile duct injury". Please correct this. 2. The above sentence is mentioned again in the core tip - please paraphrase the sentence. 3. What do you mean by: "The long-term success rate has been reported to be 80-90%." Please specify what is this long - term success? 4. In the section Patient positioning and port placement you mentioned only one position in the laparoscopic approach. Have you heard of any other? Please extend your research.

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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02552068

Position: Editorial Board

Academic degree: PhD

Professional title: Doctor, Senior Researcher, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: India

Manuscript submission date: 2023-05-30

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-08 09:51

Reviewer performed review: 2023-07-08 10:08

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Please use the correct surnames only of Authors cited in the text. Giulianotti (not Pier Giulianoti), Marino (not Marco Vito Marino) I think the use of the first name is redundant and leads to some mistakes in citation (the first name instead the surname). Lastly, please stress the concept of Third Referral Center in where to treat these lesions: I am strongly convinced that the crucial point is not the need of a minimally invasive approach (to be achieved whenever possible), but the need of searching for an hepatobiliary surgeon.

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Peer-review model: Single blind

Reviewer's code: 02445547

Position: Associate Editor

Academic degree: DNB, FEBS, FICS, FRCS (Gen Surg), MBBS, MNAMS

Professional title: Associate Professor, Director, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Singapore

Author's Country/Territory: India

Manuscript submission date: 2023-05-30

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-07-09 04:58

Reviewer performed review: 2023-07-09 10:21

Review time: 5 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
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Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

I read with interest paper supplemented by authors own experience and a literature summary on minimal access management of bile duct injury. Overall the manuscript is well written and authors have provided a pertinent and updated summary of existing literature. The manuscript does not generate any new or novel findings and serves to add to the existing knowledge and puts this in a context. It lacks novelty despite having originality; however i am of the view that it qualifies as a scholarly work as authors have done scientific search methodology and tabulated the existing studies. In addition, and more importantly, authors have written their experience and technical tips of repair that are very valuable for readership. I have some comments for authors to consider. 1. BDI acronym is apt in this manuscript and should be considered by authors. 2. In surgical technique section - when authors comment that most BDI are repaired at 6–10-week time, it actually excludes the ontable recognized BDI that are many times repaired with HPB surgical consult during index procedure itself. This diversity has to be mentioned for readers. PMID: 35367147. I am unaware of any large series that reported ontable index admission BDI repair by minimal access route as in many instances open conversion



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might have been done or delayed repair contemplated. 3. I recommend to add comments to propose life long followup with 10 year or long duration patency rates of the repair, considering this is a benign disease and QoL is not a matter of few years, but long term matter. 4. I also recommend mentioned 1-2 statement about health economics related to this problem of BDI, economics of robotics versus conventional laparoscopy, and also the 3D laparoscopy versus conventional 2D laparoscopy. Also the use of barbed sutures is increasingly common and reported as safe in biliary repair PMID 34667894 and some comment is warranted. What sutures do you use? Do you place internal stents or recommend it? 5. You mention potential for AI and computer-guided technology use - but you did not tell how exactly will this be used or useful. Give examples. 6. You mention ICG but i dont see any mention on IOC. Please comment on it. I am sure some authors will have reported on this too. 7. What energy device do you use for dissection to minimize collateral thermal injury 8. How do you incorporate enhanced recovery pathways in this surgery. 9. What is the scope of informed consent and shared decision making before surgery 10. What is the followup protocols like and role of interventional radiology in patients who develop bile leak post-op. Please enhance the content to include above issues.

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Peer-review model: Single blind

Reviewer's code: 04627944

Position: Editorial Board

Academic degree: FICS, MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: India

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Reviewer chosen by: Geng-Long Liu

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Reviewer performed review: 2023-07-21 00:57

Review time: 12 Days and 12 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input checked="" type="checkbox"/> Grade E: Do not publish
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation
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Language quality	[Y] Grade A: Priority publishing [] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [] Major revision [Y] Rejection
Re-review	[] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous
	Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

• The manuscript lacks originality and does not significantly contribute to the existing literature on the topic.
 • It predominantly summarizes previous studies without offering new insights or perspectives.
 • The writing style and structure of the manuscript need substantial improvement.
 • The content is disorganized, making it difficult to follow the logical flow of ideas.
 • The methodology section lacks sufficient detail, such as the search strategy, inclusion criteria, and selection process of the literature. Additional information is required to ensure transparency and replicability.
 • The conclusions drawn from the available evidence are not adequately supported.
 • The manuscript fails to provide a balanced analysis of the strengths, limitations, and unanswered questions in the field.
 • Overall, the scientific quality and contribution of the manuscript do not meet the standards required for publication in World Journal of Gastrointestinal Surgery.