



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 44713

Title: Near-infrared fluorescence guided esophageal reconstructive surgery: A systematic review

Reviewer’s code: 03270609

Reviewer’s country: Russia

Science editor: Fang-Fang Ji

Date sent for review: 2018-11-27

Date reviewed: 2018-11-30

Review time: 6 Hours, 3 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input checked="" type="checkbox"/> Accept	<input checked="" type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Anastomotic leakage is one of the most serious complication after an esophagectomy. The manuscript discusses the methodological aspects and the effectiveness of using Indocyanine green fluorescence angiography for the evaluation of gastric tube perfusion



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and as a predictor of anastomotic leakage. The authors convincingly prove the safety and efficacy of the Indocyanine green fluorescence angiography method for the evaluating gastric tube perfusion, the use of which allows us to change the surgical plan and thereby reduce the risk of anastomotic leakage. Abstract fully reflects the material presented in the manuscript. No special comments. The text provides a clear description of investigation methods. The criteria by which qualitative and quantitative research data were evaluated are logical, objective and understandable. Research data were analyzed and systematized and the qualitative characteristics using for evaluation of gastric tube perfusion and possible methods for solving the problem of limited perfusion were described. The discussion provided a critical assessment of the findings of individual authors, for example, the transient drop in oxygen saturation immediately after admission of the ICG or data from the Diana study. However, with regard to a possible prospective randomized study, it should be noted that it implies the inclusion of patient group with the limited perfusion as a control, that is impossible for ethical reasons. Remarks are minimal, technical in nature and easily fixable. 1. There are abbreviations in the text, without their primary explanation or various abbreviations of the same expression. ICGA and ICG? 2. Abbreviations have not always been used consistently.

INITIAL REVIEW OF THE MANUSCRIPT

Google Search:

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- Plagiarism
- No



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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 44713

Title: Near-infrared fluorescence guided esophageal reconstructive surgery: A systematic review

Reviewer's code: 00183086

Reviewer's country: Greece

Science editor: Fang-Fang Ji

Date sent for review: 2018-12-24

Date reviewed: 2019-01-01

Review time: 20 Hours, 7 Days

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input checked="" type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer's expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

This is a very interesting article with regard to near-Infrared Fluorescence guided esophageal reconstructive surgery. Therefore, the manuscript should be accepted for publication under minor revisions. 1. In the Introduction section in the first paragraph



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additional referral in esophageal cancer and surgical interventions is recommended. 2. In the Results the size of the text should be reduced. Information included in Tables and Figures should be excluded. 3. In the Discussion section additional comparative evaluation of relevant surveys is implemented. 4. Table 1 should be re-written.

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