PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 62620

Title: Learning curve for a surgeon in robotic pancreaticoduodenectomy through a "G"-shaped approach: A cumulative sum analysis

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05465522

Position: Peer Reviewer

Academic degree: FRCS (Gen Surg), MD

Professional title: Associate Specialist, Medical Assistant, Surgeon, Surgical Oncologist, Teacher

Reviewer's Country/Territory: Brazil

Author's Country/Territory: China

Manuscript submission date: 2021-02-22

Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2021-09-06 10:41

Reviewer performed review: 2021-09-12 21:19

Review time: 6 Days and 10 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection

Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is a good manuscript and the theme is current. In fact when we comparated laparoscopic versus open pancreatoduodenectomy there is no big "leap", especially due to the difficulty in the pancreatic anastomosis. But in the robotic assitent surgery it is diferent and the surgeon can to make a safe pancreatic anastomosis. So, it is important that the author describe: 1- how made the robotic pancreatic anastomosis?   2- There were used pancreatojejunum anastomosis? 3-   When them used pancreatogastric anastomosis? 4-   For the definition of the technique they considered the diameter of the Wirsung duct?   The manuscript is about systematization of a technique and in my opinion digestive tract reconstruction information it is important, mainly why the author shows a high number of pancreatic fistula (28%), table 2. For me is poor the author only to quote in the last line in surgical procedure : "The technique of anastomosis was basically the same as that in a previously published article by Liu et al".

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05466318

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2021-02-22

Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2021-09-05 11:46

Reviewer performed review: 2021-09-13 20:00

Review time: 8 Days and 8 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [ ] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

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| | Conflicts-of-Interest: [   ] Yes   [Y] No |

SPECIFIC COMMENTS TO AUTHORS

The article is interesting entitled that the learning curve for a surgeon in robotic pancreaticoduodenectomy through a "G"-shaped approach: CUSUM analysis; however, there is an essential issue. Therefore, I will point out some corrections to which I would like the author to refer. 1) The introduction should be briefly described, focusing on the current status, problems of Robot PD, and the methodology for improving the learning curve and operative time. 2) "Preoperative enteral ~ with obstructive jaundice" is not a surgical procedure. 3) " Surgical procedure" in the method part should describe the G-shaped approach more briefly. For example, how about explaining 1-7 of Figure 3 in detail? By the way, there is no explanation about 7 in Figure 3. It is better to add it. 4) Discussion should be described based on the study results. For example, how much has the Learning curve improved compared to the previous reports? How about the operative time? How is the G-shaped approach different from previous RPD approaches? 5) The conclusion should correspond to the purpose. If the conclusion is to be used, the aim should be revised. For example, the aim of the study is to examine whether the G-shaped approach is effective. Then, improvement of operative time, complication rate, and learning curve are evaluated. Otherwise, the author should rewrite the conclusion. For example, G-shaped provides some new ways, and it shortens the learning curve.