

PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 75015

Title: Anatomy and clinical application of suprascapular nerve to accessory nerve transfer

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06289561

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-04-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-12 09:41

Reviewer performed review: 2022-04-23 05:44

Review time: 10 Days and 20 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Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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 [Y] Grade B: Minor language polishing [] 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



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

SPECIFIC COMMENTS TO AUTHORS

The study investigated anatomical features, such as nerve length and the number of branches, of the suprascapular nerve. The results of this study suggested that the suprascapular nerve has sufficient length for a donor of nerve transportation surgery. Furthermore, the authors reported that, even in a single case report, suprascapular nerve accessory nerve transfer improved trapezius muscle function after innervation with radical neck dissection. This study provides important evidence of nerve transportation using the suprascapular nerve. However, there are several points that authors need to address before the manuscript can be considered for publication. General comments First, in the introduction, the authors should describe the reason why you measured the length of AN and SCN, as well as the number of branches of AN? Why do these measurements provide significant insight into this area? Also, in the discussion, the authors need to clearly provide a reasonable explanation of why the suprascapular nerve is an appropriate donor site for nerve transfer after the radical neck dissection using the obtained data. Therefore, I would recommend rewriting your introduction and discussion parts more precisely. Second, did the authors control neck position during the measurement? Although the suprascapular nerve length is enough as a donor candidate for nerve transfer, does the length of the suprascapular nerve has still sufficient length when the neck is rotated or flexed? Third, although I do not doubt your skills in length measurement, it would be better if the authors provide data of reliability such as ICC. Fourth, how do you obtain electromyographic data from supraspinatus and infraspinatus muscles using surface electromyography? Also, why did not provide references for the placement of surface electrodes for upper and middle trapezius



muscles? Fifth, for me, this manuscript seems like a 90% research article and 10% case report because the authors used 10 cadavers and one clinical patient. However, most of the discussion part was described based on clinical outcome, not anatomical features. Please describe more about how you interpret the current results (sorry, this comment is similar to the first comment). Moreover, if it is possible, please display photos of the patient during shoulder elevation at each time point. Clinicians may cast doubt about patient functionally improved, that whether your although you showed electromyographic data. Finally, where is the ethical statement? Specific comments Abstract Line 42-43: this study focused on the suprascapular nerve; thus, the authors should mention the reason why the suprascapular nerve is gathering attention in this field. Line 76-82: in a core tip, why did not the authors mention the result of the length of the suprascapular nerve? Is this an original article, not a case report? Introduction The main problem of the introduction was already described as general comments. Please see them. Materials and methods Line 123-124: this section is about cadaveric dissection; so, it may be clearer that the authors described only the dissection procedure, not measurement. Line 127-130: please recheck punctuation. Line 132: put a comma before "and", like "descending portion, horizontal portion, and ascending portion." Line 137: each part of what? Line 139: did the authors check the normality of data distribution before performing the t-test? Moreover, did the authors use a "paired t-test" or "unpaired t-test"? Line 140-141: I do not believe that t-test can reveal the relationship between two parameters. The t-test is usually used to compare two parameters. Line 170-173: the authors would need to cite references for the electrode placement of middle and ascending trapezius muscles. Line 175-177: the authors would need to mention how electromyographic data were obtained from supraspinatus and infraspinatus muscles. Line 177-178: what is "the above movement"? The authors should describe more precisely what shoulder motion the patient performed. Also, how long did the



patient keep the shoulder motion? Do you use any filters when you analyze electromyographic data? Results If you accepted my fifth general comment, this part would be changed, especially the part about the clinical outcomes of nerve transfer Discussion I recommend the authors use precise conjunction words to surgery. improve the flow of the discussion part. Line 234-235: is this sentence relating to the previous study [11]? Line 236-237: as I mentioned before, I am not sure whether the utilized method in this study can measure the electromyographic activity of the supraspinatus and infraspinatus muscles. Line 244-245: which study are you referring to by "these studies"? Line 249: in my opinion, another expression may be better instead of "electromyography displays", such as the result of electromyography or electromyographic activity. Line 253: regarding supraspinatus and infraspinatus muscle function, please see the general comment. Line 256: I am not a native English speaker, but I recommend using "However" instead of "But" here. Figure 1: this figure title is not appropriate. I think that a figure title is usually not a complete sentence. Figure 7: please provide the result of electromyography in another way that makes this easier to understand than that in the current version.



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Peer-review model: Single blind

Reviewer's code: 03518978

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-04-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-24 14:02

Reviewer performed review: 2022-04-25 20:56

Review time: 1 Day and 6 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 [Y] 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 [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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

SPECIFIC COMMENTS TO AUTHORS

The data of suprascapular nerve and accessory nerve was measured and obtained in ten sides of cadavers in this study. Nerve transfer from the partial suprascapular nerve to the accessory nerve was performed on one patient and did the electromyography examination three months and nine months after surgery. It has been showed that suprascapular nerve transfer could be prone to improving the trapezius muscle function, less loss of function in the supraspinatus and infraspinatus muscles after suprascapular nerve transfer. In general, this is an interesting study. It confirmed that suprascapular nerve transfer could be treated with patient with accessory nerve injury. However, there are a few concerns that need to be clarified: 1. From the Figure 7, the trapezius seems partial deinnervated. How to differentiate the recovery was from AN partial injury recovery or from the partial SCN transfer? 2. Suprascapular nerve innervated the suprascapular muscle, which is important muscle of rotator cuff. From the Figure 5, the partial of the SCN seems the main broch of the SCN. How to make sure don't loss of the suprascapular nerve function after this transfer?



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: China

Manuscript submission date: 2022-04-06

Reviewer chosen by: Yun-Xiaojian Wu

Reviewer accepted review: 2022-07-10 14:07

Reviewer performed review: 2022-07-10 14:19

Review time: 1 Hour

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 [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	 [] Accept (High priority) [Y] Accept (General priority) [] Minor revision [] Major revision [] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous





statements

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

SPECIFIC COMMENTS TO AUTHORS

The authors have addressed my concerns. I agree to publish this paper. Thanks!