



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 49983

**Title:** Current controversies in treating remnant gastric cancer: are minimally invasive approaches feasible?

**Reviewer's code:** 00071054

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Professor

**Reviewer's country:** Japan

**Author's country:** China

**Reviewer chosen by:** Ruo-Yu Ma

**Reviewer accepted review:** 2019-06-26 08:32

**Reviewer performed review:** 2019-06-30 00:37

**Review time:** 3 Days and 16 Hours

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

**SPECIFIC COMMENTS TO AUTHORS**



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1. This editorial is neither good nor bad; however, the topic of RGC after proximal gastrectomy and Roux-en-Y gastric bypass, and subtotal resection of the remnant stomach were interesting, which may warrant future investigations. 2. ESD for RGC has already become a clinical practice. It is of great interest whether the indications of ESD for RGC should be same as those for primary gastric cancer or could be expanded, especially in elderly patients with RGC. 3. LG for RGC is still a laborious and challenging operation. The approach (open or laparoscopic) and the extent of gastric resection (distal or proximal) of the initial surgery were unclear in Table 3, which might strongly affect the results. It is expected that RGC in patients who have undergone LG would increase in the near future; however, it is of most importance that the surveillance system to detect early diseases should be established to avoid additional gastrectomy.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

- The same title
- Duplicate publication
- Plagiarism
- No

##### ***BPG Search:***

- The same title
- Duplicate publication
- Plagiarism
- No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Clinical Cases

**Manuscript NO:** 49983

**Title:** Current controversies in treating remnant gastric cancer: are minimally invasive approaches feasible?

**Reviewer's code:** 00001114

**Position:** Editor-in-Chief

**Academic degree:** MD, PhD

**Professional title:** Chief Doctor

**Reviewer's country:** Japan

**Author's country:** China

**Reviewer chosen by:** Ruo-Yu Ma

**Reviewer accepted review:** 2019-07-17 02:59

**Reviewer performed review:** 2019-07-21 04:38

**Review time:** 4 Days and 1 Hour

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

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This review entitles "Current controversies in treating remnant gastric cancer: are minimally invasive approaches feasible?" is a well-written and comprehensive review about this subject. I have a few comments- #1 Please spell out acronyms in the first instance in the abstract and paper. #2 The authors may consider moving the section "ESD for GSC" to the section before "Subtotal gastrectomy (SG) for patients with RGC". #3 Please unify the reference style in the text. Sometimes, using a full name of author, but other is not. #4 I would recommend the authors answer for the question in the title, "are minimally invasive approaches feasible?" based on this review in the section, "Conclusion and future perspectives.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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