



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 53137

Title: Efficacy comparison of totally laparoscopic and laparoscopic-assisted total gastrectomy for gastric cancer

Reviewer's code: 00199582

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Adjunct Professor, Attending Doctor, Doctor

Reviewer's country: Brazil

Author's country: China

Manuscript submission date: 2019-12-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2019-12-06 15:06

Reviewer performed review: 2019-12-11 14:07

Review time: 4 Days and 23 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 checked="" type="checkbox"/> Grade C: Good	polishing	<input 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 checked="" type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input checked="" type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

The subject of comparing totally laparoscopic total gastrectomy and laparoscopically assisted total gastrectomy is interesting, but there are some issues to address: -Authors should explain why the study protocol was not registered in a systematic review platform. -Mortality must be described. -In the Abstract, Methods must be further explained. -Regarding Methods, it is not advisable to use funnel plots when less than 10 studies are included in the meta-analysis. -Also regarding Methods, using a fixed-effects model in the meta-analysis is probably not adequate when there is clinical heterogeneity among studies (such as when authors inform that different anastomosis patterns were used), even if there is no statistical heterogeneity. -In Results, authors must further explain the selection of studies, stating reasons for exclusions and including a flowchart. -In Discussion (page 9, lines 11-13), authors conclude that all anastomosis patterns are safe and feasible, because their results did not change when they excluded 3 studies in the sensitivity analysis. This is not a valid conclusion for this study (for instance, one cannot conclude that IJOM is safe and feasible just because results did not change after the exclusion of the only study in which IJOM was used). -In References, the journal requires that DOI and PMID are informed. -The text needs to be reviewed for typos.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 53137

Title: Efficacy comparison of totally laparoscopic and laparoscopic-assisted total gastrectomy for gastric cancer

Reviewer's code: 00503334

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Research Assistant Professor

Reviewer's country: United States

Author's country: China

Manuscript submission date: 2019-12-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2019-12-06 14:01

Reviewer performed review: 2019-12-22 23:54

Review time: 16 Days and 9 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 checked="" type="checkbox"/> Grade C: Good	polishing	<input 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 checked="" 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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SPECIFIC COMMENTS TO AUTHORS

The meta-analysis conducted by Wang S et al compared the short-term efficacy TLTG vs LATG for gastric cancer. It is an interesting topic and relevant to clinical practice. However, the meta-analysis need further revise: 1. It is not clear how many related publications has been excluded in the meta-analysis, and the reason why these publications have been excluded. For example, ref 5, the work published by Chen K in 2017, has been excluded in the meta-analysis. To address these questions, please add a selection flowchart and describe these publications in the section of results. 2. Two similar meta-analysis have been published in 2019 and 2016 respectively (Int J Surg. 2019 Aug; 68:1-10 and ref 12), with similar conclusions. It is unreasonable to totally ignore these pervious works. Please discuss /compare them in the section of discussion. What's you motivation to do similar analysis again. In other words, what made your work unique? 3. The use of Funnel plot in a meta-analysis with less than 10 studies included is not recommended, as the power of the tests is too low to distinguish chance from real asymmetry (BMJ. 2006 Sep 16; 333(7568): 597-600. Res Synth Methods. 2018 Mar; 9(1): 41-50) 4. In the section of discussion (page 9, lines 11-13), author stated that all anastomosis patterns are safe and feasible, because their results did not change when they excluded 3 studies in the sensitivity analysis It is hard to understand how authors reached this conclusion. 5. Some typos need to be fixed.

INITIAL REVIEW OF THE MANUSCRIPT

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[Y] No

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