

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4653

**Title:** Full robot-assisted gastrectomy with intracorporeal robot's hand sewn anastomosis: an optimal solution in minimal invasive surgery

**Reviewer code:** 00503609

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-07-14 18:34

**Date reviewed:** 2013-07-16 04:13

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Xin-Xin and colleagues present their prospective experience with full robotic-assisted gastrectomy. They performed 104 successful operations ranging from distal gastrectomy with intracorporeal gastroduodenotomies or gastrojejunostomies to total gastrectomy with esophagojejunostomy. The average surgical time was 272 minutes and blood loss was 81 cc. Patients averaged 6.2 days in hospital. There were no postoperative complications related to anastomosis although a patient was readmitted for intra-abdominal infection and another required reoperation for jejunal afferent loop obstruction. The authors conclude that robotic gastrectomy with intracorporeal anastomosis is feasible and safe. Critique 1. The original cohort was 110 patients. Two of these patients were not resectable, but the other 4 are reported to have been converted to laparotomy or to have had an extracorporeal anastomosis via mini-laparotomy in the figure. These conversions need to be discussed in detail. Why were they converted? Are there any lessons to be learned from these cases? Did any of these patients have complications? 2. Why did the readmitted patient develop intraoperative infection? Did you exclude an anastomotic leak by imaging? If it was excluded, may it have been a sealed leak? 3. The average BMI is 22. Do the authors have any experience with patients who had higher BMI values? Did you perform robotic gastrectomy on any patient who was obese? 4. The authors mention their experience with gastrectomy using mini-laparotomy for anastomoses. Can you compare the data and outcomes in the robotic patients with those patients? What objective difference does the fully robotic approach have versus laparoscopic gastrectomy with mini-laparotomy? 5. Although the two patients are mentioned because of readmission and jejunal obstruction, the table indicates that there were also two patients with prolonged ileus and another



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patient listed under pulmonary edema or infection. These cases should be referred to in the results. In general, the manuscript is well-written and appears to support that robotic gastrectomy is feasible and safe. It does not tell us whether it is advantageous compared to open or laparoscopic procedures. In addition, it appears that the group had a low BMI and it is not clear if the robotic approach would be a successful in a group of patients with characteristics that varied more widely. ?

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4653

**Title:** Full robot-assisted gastrectomy with intracorporeal robot's hand sewn anastomosis: an optimal solution in minimal invasive surgery

**Reviewer code:** 00503420

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-07-14 18:34

**Date reviewed:** 2013-07-19 12:30

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

Good work.

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4653

**Title:** Full robot-assisted gastrectomy with intracorporeal robot's hand sewn anastomosis: an optimal solution in minimal invasive surgery

**Reviewer code:** 01430794

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-07-14 18:34

**Date reviewed:** 2013-07-22 13:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)	language polishing	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The authors reported the feasibility of full robot-assisted total gastrectomy using intracorporeal robot's hand sewn anastomosis in the treatment of gastric cancer. As the authors described, recent studies have reported that anastomosis after robotic gastrectomy was performed by extracorporeal hand-sewing sutures or intracorporeal stapler. In the discussion section, the authors referred their previous reported to show the advantage of intracorporeal robot's hand sewn anastomosis compared with the extracorporeal hand-sewing sutures. However, the advantage of intracorporeal robot's hand sewn anastomosis is unclear compared with the use of the intracorporeal stapler. The author should describe the advantage of intracorporeal robot's hand sewn anastomosis compared with the use of the intracorporeal stapler.

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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4653

**Title:** Full robot-assisted gastrectomy with intracorporeal robot's hand sewn anastomosis: an optimal solution in minimal invasive surgery

**Reviewer code:** 00925786

**Science editor:** Gou, Su-Xin

**Date sent for review:** 2013-07-14 18:34

**Date reviewed:** 2013-07-27 10:20

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

A. Case-series (This study design) 1. This study is a case-series which have level III evidence. There is no statistical analysis in this study. It means that authors' conclusion is not a solid one. Thereafter, Authors' conclusion should be revised. For example, : Full robot-assisted gastrectomy with intracorporeal robot's hand sewn anastomosis: an optimal solution in minimal invasive surgery (In Title) : Its convenience and reliability in anastomosis for gastrectomy is confirmed in our study. Full Robotic hand sewn anastomosis may be an optimal solution in minimal invasive gastroectomy surgeries. (In Abstract) : - and it may be considered to be most minimal invasive gastric surgeries in current stage. (In Discussion) 2. In case of intracorporeal anastomosis, the word 'totally laparoscopic' was widely used. In case of extracorporeal anastomosis, the word 'laparoscopic assisted' was widely used. Thereafter, the word 'robot-assisted' means extracorporeal anastomosis. Revision of the title should be considered. 3. This study have 3-heterogeneous group: total gastrectomy, distal gastrectomy and proximal gastrectomy. Thereafter, authors should show dependent factors of each group: construction time, complication, and so on. 4. How about surgeon's learning curve? There would be differences between early period outcomes and late period outcomes of robot's hand sewn anastomosis. If authors show data of learning curve, the other data of this article could be more reliable. 5. Postoperative complications are expected to be graded according to the Clavien-Dindo classification or CTCAE, and authors should define which grade of complication is thought as an event. 6. Authors used endo-linear stapler for resection. Why authors chose robot's hand sewn anastomosis instead of stapler anastomosis after they used stapler for resection? Construction time of robot's hand sewn anastomosis is not short. In addition, stapler anastomosis is a familiar and safe



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method in open and laparoscopic gastrectomy. If authors have the reason which they choose robot's hand sewn anastomosis, they had better describe the reason. B. How about case-control study If authors could compare robot's hand sewn anastomosis and the other method, reliability and objectivity of this study is more increased. Dr. Jiang Zhi-Wei had experienced robotic-assisted laparoscopic gastrectomy. Thereafter, authors could compare robot's hand sewn anastomosis and robotic-assisted laparoscopic gastrectomy. 104 cases of robot's hand sewn anastomosis are not small cases. I hope that authors try to conduct a case-control study. If authors conduct a case-control study, this study would be more reliable study.