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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 4673
Title: Is Dor fundoplication the optimum procedure after laparoscopic heller myotomy for achalasia? A meta-analysis
Reviewer code: 00225277
Science editor: Gou, Su-Xin
Date sent for review: 2013-07-16 10:42
Date reviewed: 2013-07-19 04:57

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[Y] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
Laparoscopic Heller Myotomy (LHM) is commonly used to treat achalasia but GER is a is a frequent side effect and a antireflux surgical technique is normally used. The aim of this meta-analysis was to assess DOR-fundoplication as compared to the non-fundoplication surgical technique or another type of surgical fundoplication technique. The paper is well designed and demonstrates the difficulty in assessing and standardizing the published data. Nevertheless, the study demonstrates that 180o fundoplicature has a little benefit over the non surgical intervention in relation to postoperative GER, with no differences in dysfagia and other side effects. Indeed, postoperative GER and regurgitation are present and statistically more frequent as compared to other type surgical fundoplicature techniques after LHM. The paper is slightly difficult to read, but the graphs and tables facilitate comprehension. This meta-analysis gives the readers relevant reliable data for the selection of fundoplicature surgical techniques after LHM. Specific comments Page 6, 3rt paragraph repetition of “random sequence generation” Page 8, 2nd paragraph “ration” should be corrected stated as “ratio”

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
ESPS Manuscript NO: 4673
Title: Is Dor fundoplication the optimum procedure after laparoscopic heller myotomy for achalasia? A meta-analysis
Reviewer code: 00039422
Science editor: Gou, Su-Xin
Date sent for review: 2013-07-16 10:42
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[Y] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[Y] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
The debate about the need and the choice of an antireflux procedure after Heller myotomy is a long-term dispute. The weight of the conclusion of this metaanalysis is low in my opinion. The assumptions of this manuscript could someway be anticipated: they confirm the higher incidence of acid reflux and regurgitation after Dor fundoplication, compared to other procedures, without finding, amazingly, any difference in dysphagia, whose incidence is usually lower after Dor fundoplication compared to other procedures. It is well known that, when compared to a partial fundoplication, a total fundoplication determines a better control of reflux, yet might determine too much resistance at the level of the gastroesophageal junction, eventually causing persistent or recurrent dysphagia. Some abandoned this procedure and switched to a partial fundoplication, according to the results of long-term studies that showed that esophageal decompensation and recurrence of symptoms eventually occur in most patients. Conclusions of the study are surprising and somewhat contrasting. With no difference in regurgitation or acid reflux between patients with or without Dor fundoplication, this procedure does not seem effective at all in preventing reflux; by contrast, Dor is less effective (but still working) in reducing reflux compared to other fundoplications. A further problem, well observed in GERD management, is that the correlation between objective acid reflux evaluated by pH-metry and the clinical symptoms of reflux is not constant. Often, quality of life is a better tool to evaluate the successful clinical outcome. This issue should be discusssed in the manuscript. The final statement is that large-scale random controlled trials should focus on the outcome of complex fundoplication such as Toupet and Nissen fundoplication, forgetting that already prospective controlled trials with a high number of patients have been performed. The 6

studies comparing Dor fundoplication with other fundoplication and analyzed by the authors include 523 achalasia patients. The uniform agreement is that Dor fundoplication is not so effective in controlling acid reflux but very often reflux symptoms are trivial or well tolerated. Conversely, dysphagia and obstacle to the food passage is well documented with 360-degree fundoplication. The need of a metaanalysis is not really felt but, if done, should be much more detailed. References are appropriated and updated. Tables are appropriated. My opinion is that the manuscript could be accepted but only after major revision.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastroenterology
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Title: Is Dor fundoplication the optimum procedure after laparoscopic heller myotomy for achalasia? A meta-analysis
Reviewer code: 02444878
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
This is a very interesting metanalysis comparing the outcome on the acid reflux prevention of Dor fundoplication after laparoscopic heller myotomy (LHM) for achalasia. The results are interesting and relevent.Some of the references are not in Vancouver style and need modification.

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ESPS Peer-review Report
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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
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[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
It is a nice paper to assess DOR-fundoplication as compared to non-fundoplication surgery or other fundoplications surgery for achalasia. The paper appears complete in the analysis of the data, but shows some difficulties in presenting data and statistical analysis. Moreover, it is sometimes hard to read and data should be more detailed. Finally, the authors should discuss on the previous treatments of patients with achalasia before the surgery which could influence the outcome after surgery. It is still debated if pneumatic dilation(s) could influence the outcome of patients after surgery. Also in the manuscript medical therapy could be better than medicine therapy and PH must be pH. This manuscript can be accepted after the suggested revision.