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315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6851

**Title:** Laparoscopic gastrointestinal resections: indications, limitations, evidence

**Reviewer code:** 00723046

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-10-30 21:04

**Date reviewed:** 2013-11-12 06:01

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" 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 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

Nice review, well structured with a historic context. Some minor language details.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6851

**Title:** Laparoscopic gastrointestinal resections: indications, limitations, evidence

**Reviewer code:** 00504190

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-10-30 21:04

**Date reviewed:** 2013-11-14 05:43

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 checked="" 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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

The paper deals with an actual and very relevant topic, not only for surgeons but even for the gastroenterologist who should always correctly advise the patients for surgical therapy and choose appropriately between miniminvasive and traditional technique. The scheme followed by the authors is likely to be well organized, separating the topic of upper GI pathologies from lower GI, including pancreas and gallbladder. The manuscript is clear and globally well written; but it suffer in certain points of redundancy especially when the authors present the advantages of the laparoscopic surgery (less hospital stay, lower incidence of perioperative complications, short re-habilitation interval for the patients. It is clear that laparoscopy has numerous advantages versus open surgery, it is well known; the question remains on how to manage the malignancy which is the real deal, since the introduction of non invasive surgical techniques. This question seems to remain unanswered after reading this paper. The authors should take again into account the most relevant and recent publications on this topic and write again their paper in an attempt of significative review.



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### ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6851

**Title:** Laparoscopic gastrointestinal resections: indications, limitations, evidence

**Reviewer code:** 02549473

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-10-30 21:04

**Date reviewed:** 2013-11-25 07:03

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" 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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This is a comprehensive, well documented literature review regarding the current evidence on laparoscopic resection for gastrointestinal and other intra-abdominal malignancies. **COMMENTS:** I have no comments other than a little recommendation for the title. Since the term "gastrointestinal" refers only to the tract from mouth to anus, a more correct term would be "digestive system" in order to make reference to accessory organs of digestion (i.e. liver and pancreas). Authors should take this into account and modify the title accordingly. Clarifying in the title that resections are for digestive malignancies is also suggested. Besides that, I think it is a flawlessly written paper with no grammar issues identified.



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## ESPS Peer-review Report

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

**ESPS Manuscript NO:** 6851

**Title:** Laparoscopic gastrointestinal resections: indications, limitations, evidence

**Reviewer code:** 02744028

**Science editor:** Qi, Yuan

**Date sent for review:** 2013-10-30 21:04

**Date reviewed:** 2013-11-26 08:30

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 checked="" type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" 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	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

General comments: There is no precise objective in this paper, as it includes resective and non-resective surgery (bariatric, reflux, etc) and benign and malignant pathology “deals only with actual indications and limitations of laparoscopic gastrointestinal resections with main focus on evidence regarding perioperative morbidity and oncological outcome for the single intraabdominal organ systems”. This is what the reader understands as objective, and I believe is too broad. If this is a review article the authors must name their search criteria. The article is interesting as it describes the historic evolution of laparoscopic surgery in the past 3 decades. Specific comments  
Abstract: “nowadays any gastrointestinal resection can be successfully performed laparoscopically” This type of comment might be too enthusiastic, considering that in some patients with multiple laparotomies with intrabdominal adhesions or with serious cardio-pulmonary disease or a very large tumor nobody would attempt to perform laparoscopic surgery. So I would recommend to add “in selected patients and selected tumors”  
Introduction “In the future there will be assisting systems based on robotic platforms and navigation systems which shall reduce one of the biggest disadvantages of laparoscopic gastrointestinal surgery namely the missing tactile perception”. This comment is a mistake because one of the problems of robotic surgery is the complete loss of tactile perception and in “pure laparoscopic surgery” the surgeon has some tactile perception, of course not as precise as in open surgery.  
Disadvantages “Another disadvantage - especially in the context of the present discussion about economic aspects of medical treatment - is the fact that laparoscopic surgery is more cost intensive than open abdominal surgery” This comment lacks appropriate evidence because this is country, hospital and society dependent, and to say that laparoscopic surgery is simply more expensive is a superficial comment. There are very different costs in medical



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devices, cost of hospital stay, cost of hospital ICU stay, etc. So by performing a procedure via laparoscopy in countries with lower prices in medical devices with high hospital stay cost, and by reducing ICU and total hospital stay with laparoscopic surgery you may have equal or even lower total costs. There is some evidence of this.

**Esophagus** In esophageal surgery there has been great progress, and I think because this paper has a historical objective, the authors have to include in the references 2 articles: Outcomes after minimally invasive esophagectomy. Review of over 1000 patients. Luketich et al. *Ann Surg* 2012; 256: 95-103 This is the largest series of minimally invasive esophagectomy. Minimally invasive versus open oesophagectomy for patients with oesophageal cancer: a multicenter, open-label, randomized controlled trial. Biere et al. *Lancet* 2012; 379: 1887-92 This is the most important RCT in esophagectomy that shows perioperative advantages

**Stomach** "Therefore, beside bariatric surgery, modern gastric surgery is mainly performed due to (advanced) gastric cancer." This comment is true in the west, but in the east (Japan and Korea) there is another story, with most of the resections performed for early gastric cancer.

**Conclusion:** I think it is a correct conclusion in general. But even though I believe the long-term oncologic outcome in open and laparoscopic surgery will demonstrate, in time, to be the same. The current evidence supports this only for colon and maybe for gastric cancer, but for esophageal, pancreatic and liver tumors we need more evidence so I would recommend a more conservative conclusion.