



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12782

Title: Hand-sewn versus linearly stapled esophagogastric anastomosis for esophageal cancer: A meta-analysis

Reviewer code: 02554808

Science editor: Jing Yu

Date sent for review: 2014-07-28 17:26

Date reviewed: 2014-08-27 06:25

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"/> Existing	<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"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

The authors have found that there is not a significant difference in the rate of anastomotic leakage for intrathoracic anastomosis while this parameter showed significant improvement in favour of the LS group in the case of cervical anastomosis. This finding should trigger a detailed discussion about the differences in the quality of tissues and tension for the intrathoracic and cervical anastomosis and also into the differences between the LS and HS anastomosis and their consequences on the perfusion of the anastomosed tissues. The differences are not limited to the fact that LS has three rows and is more water-tight, as described by the authors; probably LS stapling, being less ischemic, is more likely to avoid necrosis in poorly vascularized tissues, such as the long gastric tube brought up in the neck. This necessary discussion is too vague in the present form of the paper. Reduction of anastomotic stricture is only explained in the present study by the difference in intraluminal width of the anastomosis. A comparison of LS with the circular stapled anastomosis should be made in this respect. However, there should also be a comment over the effect of anastomotic fistula on the risk of postoperative anastomotic stricture, maybe a subgroup analysis of the rate of anastomotic stenosis in the non-fistulized LS vs HS anastomosis would be very helpful in this respect and would better explain why the largest advantage of LS was found for the cervical anastomoses. Most of the papers analyzed were comparative trials and the only 3 RCT's included in the study did not show any difference between LS and HS concerning the rate of anastomotic fistula. The small number of RCT's



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represent a weak point of the study ad should be addressed when conclusions are drawn.



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 12782

Title: Hand-sewn versus linearly stapled esophagogastric anastomosis for esophageal cancer: A meta-analysis

Reviewer code: 00057983

Science editor: Jing Yu

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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"/> Existing	<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	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

1. The authors collected a large number of patients in this meta-analysis. However, the design and analysis of this study is not strict. Thus, the conclusion seems not very reliable. 2. There are many risk factors of anastomosis leakage, e.g. patient underlying disease and nutrition status, American Society of Anesthesiology status, surgeon or hospital volume. Besides, the definition of leakage, method of discovery should also be mentioned. So, the authors should carefully discuss and compare the difference of these studies. 3. Is there any limitation of this study should be mentioned in this DISCUSSION part?



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ESPS PEER REVIEW REPORT

Name of journal: World Journal of Gastroenterology

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
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<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
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<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This meta-analysis addresses an important question for oesophago-gastric surgeons. This is a nicely written manuscript and the analyses seem to be well performed. The topic of the esophagogastric anastomosis is not really new, but it is still one of the mainly important problems in esophageal surgery.