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## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12973

**Title:** The learning curve for hand-assisted laparoscopic D2 radical gastrectomy: only closely related to the operative time of the hand-assisted laparoscopic stage

**Reviewer code:** 01047712

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-07-31 13:50

**Date reviewed:** 2014-08-08 01:14

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 checked="" 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

To editor/authors: It is very interesting research work. I have no questions about the manuscript. Discussion in some parts should be modified.



**ESPS PEER REVIEW REPORT**

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

**ESPS manuscript NO:** 12973

**Title:** The learning curve for hand-assisted laparoscopic D2 radical gastrectomy: only closely related to the operative time of the hand-assisted laparoscopic stage

**Reviewer code:** 02536907

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-07-31 13:50

**Date reviewed:** 2014-08-04 10:43

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [ Y] Accept
<input type="checkbox"/> [ Y] Grade B: Very good	<input type="checkbox"/> [ Y] 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 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 study focused on the learning curve for hand-assisted laparoscopic D2 radical gastrectomy (HALG). Though retrospective analysis, the author demonstrated that the HALG learning curve was only related to the operative time of the hand-assisted laparoscopic surgery stage and was not related to the surgical quality indicators, and the HALG learning curve indicates that HALG is a surgical procedure that can be easily mastered. This research is the first retrospective analysis and investigation of the learning curve for HALG. Therefore, this article is innovative and worth publishing. The manuscript drew a reasonable conclusion with present data. Yet several questions remained: 1 In this article, the author told us that all surgeries were performed by the same group of surgeons. I suggest that the author should explain whether one surgeon or a group of surgeons completed the surgeries. If a group of surgeons completed the surgeries, whether different surgeons affected the result of the analysis or not? 2 If the manuscript is further polished by English natives, it will be more simplified and fluent. In all, I recommend the paper acceptable after minor revision.



### ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12973

**Title:** The learning curve for hand-assisted laparoscopic D2 radical gastrectomy: only closely related to the operative time of the hand-assisted laparoscopic stage

**Reviewer code:** 01503696

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-07-31 13:50

**Date reviewed:** 2014-08-05 17:22

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"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input checked="" type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair		BPG Search:	<input type="checkbox"/> Minor revision
<input checked="" type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This study evaluated the learning curve for hand-assisted laparoscopic D2 radical gastrectomy from a single institute. 1. The major concern is how many readers are interested in HALS. Now, technique of conventional laparoscopy-assisted gastrectomy is established, more sophisticated technique of totally laparoscopic surgery is established, and accrual of large phase III studies has been finished. Even though authors demonstrated similar QOL between conventional LAG and HALG, 7 cm incision at upper abdomen is neglectable. 2. The authors emphasized HALG-D2. D2 is complicated surgery and therefore, the authors must establish HALG-D1/D1+ before introducing D2. No one start HALG-D2 for advanced disease without any experience of HALG. The readers want to know the learning curve of HALG-D1/D1+ for early gastric cancer as an initial step (if really want to learn HALS). 3. The present cohort included total and distal gastrectomy which is different surgery with different difficulties.



**ESPS PEER REVIEW REPORT**

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

**ESPS manuscript NO:** 12973

**Title:** The learning curve for hand-assisted laparoscopic D2 radical gastrectomy: only closely related to the operative time of the hand-assisted laparoscopic stage

**Reviewer code:** 02929151

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-07-31 13:50

**Date reviewed:** 2014-08-10 00:17

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"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

**COMMENTS TO AUTHORS**

The present study was performed to evaluate the learning curve for hand-assisted laparoscopic D2 radical gastrectomy. Although it is novel, there are some questions as follows: ① In the part of Methods, the patients were divided into 6 groups, with 20 cases in each group, why? ② In the part of Results, the operative time of hand-assisted surgery stage for each group should be shown respectively. ③ In the part of Discussion, since the HALG hand-assisted laparoscopic stage accounted for a relatively low proportion of the total operative time(page 7), why is it the key of the HALG learning curve(page 6)?

## ESPS PEER REVIEW REPORT

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

**ESPS manuscript NO:** 12973

**Title:** The learning curve for hand-assisted laparoscopic D2 radical gastrectomy: only closely related to the operative time of the hand-assisted laparoscopic stage

**Reviewer code:** 02445518

**Science editor:** Su-Xin Gou

**Date sent for review:** 2014-07-31 13:50

**Date reviewed:** 2014-08-11 03:22

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 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
<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"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input checked="" type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

### COMMENTS TO AUTHORS

The study "The learning curve for hand-assisted laparoscopic D2 radical gastrectomy: only closely related to the operative time of the hand-assisted laparoscopic stage". Written by JiaQing Gong, is an interesting presentation on an open debating item and presents a possible solution to reduce the long learning curve for gastric cancer surgery. The item is the learning curve and the presentation on this is quite good, but some questions must be better explained.

- 1) At now, laparoscopic surgery in advanced gastric cancer is not considered as the standard and is under review in Korean randomized trial. 40 of the considered patients were stage 4 gastric cancers (Table 2). Considering also that the mean removed lymph node was 17, few patients were recognized as N3b and many stage 4 cancers are supposed to be T very advanced cancer or M1 - Why the authors want to submit so many very advanced cancers (1/3) to minimally invasive surgery? - Is the frequent insufficient lymphadenectomy due to minimally invasive surgery?
- 2) What TNM edition was considered by authors?
- 3) On page 5 in results from postoperative indicators, authors present a re-surgical drainage of a duodenal leakage. Was it done in open surgery or in laparoscopy? Why didn't the authors insert a radiological TC guided drainage?