

PEER-REVIEW REPORT

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Title: COVID-19 Outbreak and Surgical Practice: The Rational for Suspending Non-Urgent Surgeries and Role of Testing Modalities

Reviewer's code: 05382893

Position: Peer Reviewer

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Scientific quality	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Please see attached for review.

Review for WJG56293-: *COVID-19 Outbreak and Surgical Practice: The Rational for Suspending Non-Urgent Surgeries and Role of Testing Modalities*

Narrative

This paper is an extremely well-written and informative piece about surgical advice when dealing with COVID-19 outbreaks and testing utility and limitations. I strongly recommend publication as soon as **minor revisions** are addressed.

Please see specific suggestions and comments below:

Abstract

Very well written.

Core Tips

The core tips are well written; however, you might want to add a key finding or two.

Introduction

Page 3 - Please cite Desjardins et al. (2020) in your introduction after "With the arrival of coronavirus disease 2019 (COVID-19) in the United States (Desjardins et al. 2020). See below for full citation.

Desjardins, M. R., Hohl, A., & Delmelle, E. M. (2020). Rapid surveillance of COVID-19 in the

United States using a prospective space-time scan statistic: Detecting and evaluating emerging clusters. *Applied Geography*, 102202.

Page 3 – where are the 3 health systems located? Also, the proper abbreviation for the United States is U.S. Please fix throughout paper.

Case

“the highly suggestive presentation in the setting of a growing pandemic with no other identifiable etiology questions the reliability of this test” – Great point and well-written section, overall.

Discussion

Page 5 – “There number of cases worldwide is now approaching” – now will change when the paper is published and when someone will read this. Please add specific dates when you provide estimates of COVID-19 cases and deaths.

Modes of transmission

I would add r_0 and survival time of SARS-CoV-2 on different surfaces for reference.

Quandary of incubation period

Page 7- “The incubation period for COVID-19 is typically between 2-14 days” – missing citation.

Available diagnostic tests and their limitations

Very well written and informative. No comments.

Surgical team and operating room safety



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Page 10, first paragraph – need a space between whom and 14.8%

Page 10 - “Of Italian physicians treating COVID-19 patients, 50 have died of the disease and this list continues to grow” – missing citation.

Page 10- “In fact, there are reports of several ENT physicians who died or developed very severe disease in China, Iran, Italy and U.K.” – missing citations.

Anesthesia considerations

“A minimum of a fitted, N-95 mask coupled with eye protection, cap, and standard contact protective coverings are recommended during intubation of patients with suspected or confirmed COVID-19” – there has been an obvious shortage in proper medical equipment to protect patients and providers. What if N-95 masks are unavailable or only available to a proportion of providers?

Impact of the Surgery on the Immune system

Page 11 - “Limited published data on COVI-19 patients who underwent urgent on non-urgent surgeries shows an unexpectedly high morbidity and mortality” – can you please provide the mortality and morbidity rates of this cohort?

Impact of restricting elective procedures during pandemic

“Our surgical community should also be prepared for handling the high demand for surgical care during the post-outbreak period as the result of the current suspension of

non-urgent care.” – This is a nice section and I wonder if you have any specific suggestions how the surgical community can be prepared for handling the high demand. It could also be possible that more severe diagnoses and outcomes could be a result due to increased waiting times and current bans on elective surgery and procedures, right?

Recommendations of American College of Surgeons

Very well written and informative. No comments.

Other roles for Surgeons during outbreak

I agree with what is stated in this section, however, the shortage has been obvious in places like New York City, where over a third of the cases and deaths of COVID-19 have been reported. Therefore, we have seen an influx of providers from across the country and even abroad to help deal with the provider shortages, burn-out, and capacity issues. Could be useful to briefly discuss this here.

Conclusion

I think that the conclusion can be stronger. This is the first mention of epidemiologic curves and models (appears in the abstract three times and in the conclusion, but not in the main body of text). You should reiterate the main findings and suggestions mentioned throughout the text, such as testing, prevention in a surgical setting, and/or impact of foregoing non-elective procedures, etc.