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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 75812

Title: Performing robot-assisted pylorus and vagus nerve-preserving gastrectomy for

early gastric cancer: A case series of initial experience

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00183279 **Position:** Editorial Board

Academic degree: FRCS (Ed), MD, MS

Professional title: Dean, Professor

Reviewer's Country/Territory: India

Author's Country/Territory: China

Manuscript submission date: 2022-02-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-01 09:22

Reviewer performed review: 2022-03-09 01:50

Review time: 7 Days and 16 Hours

Scientific quality	[] Grade A: Excellent [Y] Grade B: Very good [] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [] Grade B: Minor language polishing [Y] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [] Minor revision [Y] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The Robotic System is gaining wide acceptance for the surgical treatment of carcinoma stomach. Distinct advantages of tremor filtered and wristed instrumentation and also freedom of movements makes robotic surgery more effective than laparoscopic approach. Though the cost effectiveness and the oncological safety is still under consideration. The authors are presenting their experience of 11 patients with the use of Robotic surgery in carcinoma stomach. They have assessed the feasibility and safety of Da Vinci Xi robot system assisted pylorus and vagus nerve preserving gastrectomy (R-PPG). This is a retrospective study over a period of 8 months and the results expressed are in alignment with the current literature. Besides this, the manuscript is too long and involves multiple issues in a single research paper. Thus the reader losses the focus. I suggest to the authors: Either it has to be a comparative analysis which involve other minimal invasive procedure. This would bring a power statement to the study. Or it could be the initial experience which should include the detailed oncological outcome. Dissection of L/N like station 9,10,11,14 and histological analysis with TNM staging and certainly a good follow up. Or ,it can be a paper in a section like that of 'How I Do it'. This would be mainly focused on the technique component with good photographs and illustrations wherever indicated.



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Peer-review model: Single blind

Reviewer's code: 00183481 Position: Editorial Board Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-02-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-03-18 11:22

Reviewer performed review: 2022-03-24 11:09

Review time: 5 Days and 23 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish
Language quality	[] Grade A: Priority publishing [Y] Grade B: Minor language polishing [] Grade C: A great deal of language polishing [] Grade D: Rejection
Conclusion	[] Accept (High priority) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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Peer-reviewer

Peer-Review: [Y] Anonymous [] Onymous

statements Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors showed a case series of gastric cancer patients received robot-assisted pylorus and vagus nerve-preserving gastrectomy (R-PPG). The feasibility and safety of the technique are reported in this retrospective study. This report described the details of the procedure of R-PPG in the methods section. Only a propensity score matching analysis is conducted to compare the efficacy and safety between robot-assisted and laparoscopy-assisted PPG for early gastric cancer (Han D-S, et al. Ann Surg. Oncol 2015). Therefore, this case series seems novel and important. There are some queries for the manuscript. 1. The study mentioned above should be referred in the introduction. The advantage of R-PPG compared with laparoscopic PPG can be discussed. 2. Inclusion criteria of the cases were not documented in the method section. 3. Two patients with advanced gastric cancer were treated with PPG. PPG is recommended for the treatment of early gastric cancer according to some guidelines. This case series should include the patients with early gastric cancer treated with R-PPG, for the analysis of outcome and morbidity. 4. Please include the limitations of the study.