

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 73438

Title: Comparison between laparoscopic uncut Roux-en-Y and Billroth II with Braun anastomosis after distal gastrectomy: A meta-analysis

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05753420

Position: Peer Reviewer

Academic degree: FRCS (Ed), MBBS, MMed, MSc

Professional title: Doctor, Surgeon

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

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Reviewer accepted review: 2021-11-29 03:46

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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

I thank the authors for this very interesting meta-analysis of an emerging topic. The study presented is a meta-analysis of a combination of randomized controlled trials as well as retrospective cohort studies describing the perioperative differences in 2 reconstruction techniques after laparoscopic distal gastrectomy for gastric cancer - Uncut Roux-en-Y gastrojejunostomy anastomosis versus a modified Bilroth II with a Braun anastomosis. Amongst various perioperative variables that were meta-analysed, the authors report no differences in general perioperative morbidity such as oncologic outcomes, operative time and blood loss, with improved postoperative recovery, and reduced incidence of bile reflux/ bile reflux associated gastritis after an uncut Roux-en-Y gastrojejunostomy v.s. a Braun anastomosis. Being a meta-analysis, this study helped to summarise the existing literature on the whether introducing a "uncut" limb to the traditional Bilroth II Braun anastomosis has its benefits. This minor technical detail, is often overlooked as being just a modification of the traditional Braun anastomosis, but the study findings have nicely summarised some subtle differences and similarities between the 2. Though the main significant findings are not unexpected, they do help to reinforce the point that the minor modification of the Braun anastomosis with the "uncut" technique does bring about differences with relation to bile reflux. Several points I will like to raise for the editor, and for the authors to consider

1. All the literature from this meta-analysis came from China. This suggests that this may be an emerging topic, but may not be one that has that much clinical significance as well as external validity internationally. The authors did recognize that this may be due to the increased incidence of gastric cancer in the East. Was wondering if efforts to retrieve any

grey literature in this topic was attempted, such as from regions with similar high incidence of gastric cancer (eg. Korea, Japan, Mongolia). This might help to strengthen the conclusions drawn from this meta-analysis. 2. The heterogenous nature of this meta-analysis, by including both cohort studies as well as randomized controlled trials, makes it hard for the reader to summarise the conclusions. In this case, it might be more important to only include the randomized controlled trials (of which I note there are 3). 3. I suspect a skewed funnel plot with publication bias will be detected, given that this topic is likely to have grey literature, particularly amongst groups who did not find any differences in bile reflux. A statement to mention the efforts made to search through grey literature to minimise publication bias, as well as attempts to include studies from not just China, will be useful. 4. Meta-analyses of surgical trial always run the risk of pooling results with significant inter-operator differences as a result of differences in surgeon technique, surgeon experience, hospital caseload, and resources for postoperative care. The techniques of the 2 anastomosis methods employed by each individual study should be scrutinised (particularly amongst the 3 randomized controlled trials), and a statement should be made that these techniques were sufficiently similar such that the results can be pooled. 5. The authors used the term "anastomotic fistula". I think internationally, the more commonly employed term is "anastomotic leakage". 6. References 26, 28, 30 all reported postoperative ileus and gastroparesis. I feel the authors should clarify the differences in terminology between these 2 for the general audience. 7. Providing a pictorial representation of the uncut Roux-en-Y gastrojejunostomy anastomosis as well as the modified Bilroth II Braun anastomosis, might help bring across the discussion point pictorially. 8. Much as the study findings concluded differences in bile reflux and residual gastritis between the 2 techniques, the consequences of such findings was not adequately elaborated. Will be important for the audience who is researching on the differences between these 2 techniques, and impact



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future clinical practice. 9. The scarcity of publication on these 2 topics except in China, does raise questions on the clinical implications and external validity of this study globally. Perhaps their impact can be better elaborated prior.

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Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

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Position: Peer Reviewer

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Professional title: Chief Doctor, Surgeon

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input 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
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SPECIFIC COMMENTS TO AUTHORS

This study compared the clinical outcomes between uncut Roux-en-Y and Billroth II with Braun anastomosis after distal gastrectomy for gastric cancer by meta-analysis. This is an important topic because each reconstruction method after distal gastrectomy has advantages and disadvantages, and it is still controversial which reconstruction method is better. The manuscript is well written. Relevant literature has been thoroughly scrutinized. Meta-analysis methods and interpretation of results are appropriate. However, there are some issues that need to be addressed in this paper. I have several comments below:

- 1. TITLE Comment:** In this study, efficacy and safety of URY was evaluated by comparison between URY and BB. Therefore, the title may be better to include "comparison between URY and BB". Please consider revising the title. e.g. Comparison of efficacy and safety between laparoscopic uncut Roux-en-Y and Billroth II with Braun anastomosis after distal gastrectomy for gastric cancer: A meta-analysis.
- 2. INTRODUCTION** Page 5, first sentence of the third paragraph: "Gastrointestinal reconstruction is an important part of GC surgery, tumor resection and lymph node dissection, ..." **Comment:** I think "as well as" should be added before tumor resection and lymph node dissection. "Gastrointestinal reconstruction is an important part of GC surgery as well as tumor resection and lymph node dissection, ..." Page 5, third sentence of the third paragraph: "However, the incidence of short-term complications is high in the BI group due to excessive anastomotic tension, such as gastrointestinal fistulas classified as Clavien-Dindo grade IIIa or higher[11-13]." **Comment:** Please consider revising this sentence as follows: "However, the incidence of short-term complications, such as gastrointestinal fistulas classified as Clavien-Dindo grade IIIa or

higher, is high in the BI group due to excessive anastomotic tension [11-13].” Page 6, lines 5-7: However, the Roux-Y stasis syndrome (RSS) has an incidence of 10-30% due to the abnormal activity in the distal jejunum of the anastomosed stomach[15]. However, the postoperative biliary reflux without RSS can be reduced by performing BII combined Braun (BB) anastomosis[16, 17]. Comment: “However” is used repeatedly. The latter “However” should be revised to “On the other hand” etc. 3. MATERIALS AND METHODS Literature search strategy Page 6: ... using PubMed, Embase, Web of science, Cochrane Library, China National Knowledge Infrastructure (CNKI), Wanfang, CBM, and VIP. Comment: Please define abbreviations “CBM” and “VIP”. Statistical analysis Page 8: Publication bias was not performed because less than 10 studies were included. Comment: The meaning of “Publication bias was not performed” is unclear. Did the authors mean “Evaluation of publication bias was not conducted”? 4. META-ANALYSIS Postoperative complications Page 13: Bile reflux Comment: I wonder the difference between the definitions of bile reflux and residual gastritis because bile reflux causes residual gastritis. In fact, in reference 31 (Wang, 2021), “bile reflux gastritis” at 3 months and 6 months was evaluated. Did bile reflux in this study mean bile reflux gastritis at 3 months and 6 months? Please clarify that. 5. DISCUSSION Page 15, lines 6-7: at a site 5 cm proximal to the gastrojejunostomy using different methods[37]. Comment: The meaning of “different methods” is unclear. Please describe specifically. Page 16, lines 5-7: In addition, our results on postoperative length of stay and URY that did not increase the postoperative length of stay were the same as those obtained by Park, et al[38] and Chen, et al[39]. Comment: There may be a grammatical error in this sentence. Did the authors mean “In addition, URY did not increase the postoperative length of stay compared to BB, which was consistent with results of Park, et al[38] and Chen, et al[39]”? Page 16, lines 16-18: This result is probably due to the fact that duodenal secretions are diverted though the

jejunojejunostomy to the distal jejunum after URY anastomosis compared to BB anastomosis[16] and the preservation of the original normal electrical conduction and direction of conduction in the limb that was uncut during the URY procedure[37].
Comment: There may be a grammatical error in this sentence. Please ask English editing service and revise this sentence appropriately.

6. REFERENCES 23 Wells GA SB, O'Connell D, Peterson J, Welch V, Losos M. The Newcastle-Ottawa Scale (NOS) for assessing the quality if nonrandomized studies in meta-analyses. http://www.ohri.ca/programs/clinical_epidemiology/oxford.htm Accessed 2009 Oct 19. 2014: DOI: Comment: Reference number 23 has incorrect author name, link, and access date. Please modify as follows: Wells G, Shea B, O'Connell D, Peterson J, Welch V, Losos M, Tugwell P. The Newcastle-Ottawa Scale (NOS) for assessing the quality of nonrandomised studies in meta-analyses. http://www.ohri.ca/programs/clinical_epidemiology/oxford.asp. Accessed 2021 Dec 11.

7. Figure 1 Comment: The position of the first right-pointing arrow is shifted downward. Please correct it to the proper position.

8. Table 1 Comment: Although Gender section is described as 14/14 in the Chen 2018 study, this description is incorrect because the number of BB cases is 30. Please correct.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Professional title: Chief Doctor, Surgeon

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" 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
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous

SPECIFIC COMMENTS TO AUTHORS

All reviewer comments have been properly addressed and the quality of the manuscript has improved. I would like to show my respect to the authors for their efforts to revise this manuscript. However, this manuscript still has some minor issues. I need to point them out below:

1. Reflux gastritis and residual gastritis Comment: The difference between reflux gastritis and residual gastritis is still unclear. In the Definitions section, the authors described the definition of reflux gastritis, but not a definition of residual gastritis. Reflux gastritis means residual gastritis due to bile reflux, as the authors stated. Residual gastritis may include atrophic or metaplastic gastritis due to H.pylori infection, but I think that reflux gastritis and residual gastritis are basically the same. Therefore, I would like to suggest the following three options this time: 1. Simply remove the results of residual gastritis. 2. Combine the results of reflux gastritis and residual gastritis. 3. Describe the definition of residual gastritis in detail, especially the difference from reflux gastritis. Please choose one of the three suggestions and consider revising the manuscript.

2. Figure 1 Study flow diagram Comment: The total number of reports searched in Pubmed, Web of Science, Cochrane Library, Embase and CNKI was 771. However, the number of identified reports is described as 908. Please correct any errors in the numbers or add the description of "Others (n=137)". Furthermore, screened records was 693, and excluded records was 657. Therefore, reports sought for retrieval must be 36. However, the authors' description was 35. This is incorrect, please correct.