

# PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 77188

**Title:** Comparison of short-term efficacy between totally laparoscopic gastrectomy and laparoscopic-assisted gastrectomy for elderly patients with gastric cancer

**Provenance and peer review**: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05752920

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2022-04-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-03 14:35

Reviewer performed review: 2022-05-03 14:50

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ Y] Grade D: Fair [ ] Grade E: Do not publish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



Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous
statements	Conflicts-of-Interest: [ ] Yes [Y] No

#### SPECIFIC COMMENTS TO AUTHORS

In this paper Zhao RY et al aims to compare the short-term efficacy and quality of life between totally laparoscopic gastrectomy and laparoscopic-assisted gastrectomy in elderly patients. The study had a great number of patient but the analysis mix together total gastrectomy and distal gastrectomy leading to bias in the analysis of outcome and QOL. i suggest to conduct separate analysis for the total gastrectomy arm and for the distal gastrectomy arm.



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Reviewer's code: 05524138

**Position:** Peer Reviewer

Academic degree: MD, PhD

Professional title: Chief Doctor, Consultant Physician-Scientist

Reviewer's Country/Territory: Kazakhstan

Author's Country/Territory: China

Manuscript submission date: 2022-04-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-03 15:44

Reviewer performed review: 2022-05-03 15:45

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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



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### SPECIFIC COMMENTS TO AUTHORS

none



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Peer-review model: Single blind

Reviewer's code: 05260389

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Surgeon

Reviewer's Country/Territory: Brazil

Author's Country/Territory: China

Manuscript submission date: 2022-04-19

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2022-06-06 12:35

Reviewer performed review: 2022-06-14 14:59

Review time: 8 Days and 2 Hours

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



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

#### SPECIFIC COMMENTS TO AUTHORS

Dear authors, I read the study presented with great interest and I have some questions that I think are important for the result. When you state in the discussion the following sentence: "(1) Laparoscopic intracorporeal anastomosis requires surgeons to have abundant surgical and suture experiences. After passing through the learning period, the incidence of complications may significantly decrease [23]; (2) Due to the high position of tumors, intracorporal anastomosis seems difficult in some patients. To ensure the surgical safety, the transition of surgical approaches from TLG to LAG may be necessary, increasing the surgical risk of patients in LAG group". - In your analysis, were all patients operated on by surgeons experienced in intracorporeal anastomosis? - In your sample, were patients with a TLG/TLDG plan converted to assisted laparoscopic gastrectomy due to a surgical complication or technical difficulty? In this case, there would be another bias of the study, that the worst or complicated cases during the totally laparoscopic techniques were converted. Further, it changing the conclusion that the laparoscopic assisted technique is an independent risk factor for surgical complications.



## **RE-REVIEW REPORT OF REVISED MANUSCRIPT**

**Name of journal:** *World Journal of Gastrointestinal Surgery* 

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**Provenance and peer review**: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05752920

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2022-04-19

Reviewer chosen by: Jia-Ru Fan

Reviewer accepted review: 2022-07-08 10:39

Reviewer performed review: 2022-07-15 08:39

Review time: 6 Days and 21 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	<ul> <li>[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing</li> <li>[ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection</li> </ul>
Conclusion	<ul> <li>[ ] Accept (High priority) [Y] Accept (General priority)</li> <li>[ ] Minor revision [ ] Major revision [ ] Rejection</li> </ul>
Peer-reviewer	Peer-Review: [Y] Anonymous [] Onymous





statements

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

## SPECIFIC COMMENTS TO AUTHORS

The authors have reply in an appropriate way and the analysis conducted is satisfying