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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 81842

Title: Combined and intraoperative risk modelling for oesophagectomy: A systematic review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00058381

Position: Editorial Board

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Austria

Author's Country/Territory: Australia

Manuscript submission date: 2022-11-26

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-12-29 15:46

Reviewer performed review: 2022-12-29 21:46

Review time: 6 Hours

	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C:
Scientific quality	Good
	[] Grade D: Fair [] Grade E: Do not publish
Novelty of this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No novelty
Creativity or innovation of	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair
this manuscript	[] Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	[] Grade A: Excellent [] Grade B: Good [Y] Grade C: Fair [] Grade D: No scientific significance
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	[]Yes [Y]No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [] Onymous Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Main Comments: (1) This manuscript deals with risk modelling for oesophagectomy. A systematic review is provided. The presented results are limited by the quality of the data available in the literature. This is, of course, not the fault of the authors of this paper. They also offer critical insights from the clinical point of view and, on the basis of their evaluation, they define directions for future studies. In this context, this paper can be seen as an incentive to further research. (2) Please check the names/citations; e.g., Tables 2 and 5: "Zalifirellis 2000" -> Zafirellis 2002; Reference List: "Hosmer DW, Lemesbow S"? (Hosmer-Lemeshow test). (3) Figure 2 should be improved. (4) Tables 1 and 2: Full terms should be provided for the abbreviations (e.g., in a footnote). Additional Comments/Suggestions: (5) Abstract, Aim: "To evaluate which multivariate risk models, using intraoperative information with or without preoperative information, best predicts perioperative oesophagectomy outcomes" -> To evaluate which multivariate risk model, using intraoperative information with or without preoperative information, best predicts perioperative oesophagectomy outcomes (or: To evaluate which multivariate risk models, using intraoperative information with or without preoperative information, best



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predict perioperative oesophagectomy outcomes). (6) Data Extraction and Synthesis: "Every publication meeting the inclusion and exclusion criteria was collected and study characteristics extracted" -> Every publication meeting the inclusion and exclusion criteria was collected and study characteristics were extracted. (7) Methodological Quality: "No points were awarded in the instance of a criteria not being met" - I would use criterion as a singular and criteria as a plural (although "a criteria" is often heard in everyday life). (8) Model Performance: "performance were also compared" -> performance was also compared. (9) Clinical Effectiveness: "We also appraised whether there was any evidence that the clinical application of any of these models have been proven to improve perioperative outcomes" -> We also appraised whether there was any evidence that the clinical application of any of these models had been proven to improve perioperative outcomes. (10) Clinical Credibility: "for stratify patients" - for stratifying patients? (11) Discussion, fourth paragraph: "Many of the models incorporating intraoperative data identified in this review been found to be superior to pre-operative fitness testing in terms of post-operative outcomes" -> Many of the models incorporating intraoperative data identified in this review have been found to be superior to pre-operative fitness testing in terms of post-operative outcomes. (12) Discussion, eighth paragraph: "The quality of the results in this study remain dependent on the accuracy and completeness of reporting within the original publications" -> The quality of the results in this study remains dependent on the accuracy and completeness of reporting within the original publications.