

## PEER-REVIEW REPORT

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

**Manuscript NO:** 84263

**Title:** Anti-reflux effects of a novel esophagogastric asymmetric anastomosis technique after laparoscopic proximal gastrectomy

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

**Peer-review model:** Single blind

**Reviewer's code:** 03017850

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Associate Professor

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-03-05

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2023-03-19 09:20

**Reviewer performed review:** 2023-04-04 05:34

**Review time:** 15 Days and 20 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>Peer-reviewer statements</b>	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

The authors demonstrated a novel surgical procedure for early stage esophagogastrojunction gastric cancer. Though this original article was well written and EGAA seems unique, there are some concern about this operation. Major point: 1. The patients who underwent EGAA was only 10 patients. This population is not enough to evaluate the surgical effectiveness of EGAA. 2. The authors should state evaluation of endoscopic findings as to the two patients who underwent reflux esophagitis after proximal gastrectomy according to LA classification. In addition, when did the symptom of GERD begin after EGAA? If it is possible, please show us the endoscopic pictures of these two patients after EGAA. 3. After surgery of EGAA, upper gastroenterography showed 50% of patients were suffering reflux. I think this percentage is too high as compared to proximal gastrectomy using Kamikawa method in Japan. The authors should explain about this point. Minor point: 1. I would like to know postoperative body weight loss of the patients who underwent EGAA. Please add postoperative BMI in Table1.

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**Reviewer's code:** 04743986

**Position:** Editorial Board

**Academic degree:** FRCS, FRCS (Gen Surg), MBBS

**Professional title:** Professor

**Reviewer's Country/Territory:** United Kingdom

**Author's Country/Territory:** China

**Manuscript submission date:** 2023-03-05

**Reviewer chosen by:** Geng-Long Liu

**Reviewer accepted review:** 2023-04-07 08:35

**Reviewer performed review:** 2023-04-11 13:58

**Review time:** 4 Days and 5 Hours

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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Appreciating gracious efforts of all authors in the production of this manuscript and endeavours to negate to free of the well-established drawbacks of conventional oesophagogastronomy. 1. Aside grammatical errors, I would suggest authours to use terminology either plasmomuscular or seromuscular. In the main body of the manuscript, they have used plasmomuscular whil in the diagram (Fig 1) , seromuscular. 2. Consider adding few cross-sectional oral contrast CT scan especially post surgery, to highlight the appearances asymmetrical valve created as a result of surgery + oral contrast stroke barium x-ray if available The technique is novel and sheds new way of limiting reflux induced morbidity, that is common following the conventional anastomosis. In my opinion, further studies are needed to confirm the findings, aside difficult to sustain quality outcomes with questionable transferrable skills about this new surgical technique.