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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 85750

Title: Indocyanine green dye and its application in gastrointestinal surgery: The future is bright green

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03816788
Position: Editorial Board
Academic degree: FACS, FICS, FRCS, MBBS, MS
Professional title: Professor, Surgeon, Teacher
Reviewer's Country/Territory: India
Author's Country/Territory: Singapore

Manuscript submission date: 2023-05-14

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-06-02 17:34

Reviewer performed review: 2023-06-15 17:12

Review time: 12 Days and 23 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

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

SPECIFIC COMMENTS TO AUTHORS

The authors have done a nice and comprehensive work on the review of ICG applications in surgery. ICG has myriad of applications. The language and grammar appears adequate. There are few suggestions to further improve the manuscript: 1. ICG visualization needs special Apparatus / equipment which adds to cost or not available everywhere. This can be discussed. 2. Pharmacokinetics and pharmacodynamics along with ICG Toxicity can be mentioned in brief. 3. Biliary surgery- Bilio-enterostomy – Check about any studies for it ? 4. Must mention Current status in urologic surgery 5. It has role in skin flaps too which needs to be discussed. 6. Majority studies happened in Laparoscopic cholecystectomy and Colo-rectal surgeries. Their discussion can be expanded based on existing literature.

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Reviewer's code: 03665440
Position: Peer Reviewer
Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: Singapore

Manuscript submission date: 2023-05-14

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-06-23 03:03

Reviewer performed review: 2023-07-01 12:28

Review time: 8 Days and 9 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: 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 this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

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Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

There is an increasing body of literature on this topic and much effort has been devoted to evaluating the efficacy of the clinical use of ICG in the surgical settings. This review article seems informative and educational. Nonetheless, several potentially important issues would need to be addressed. #1 (p.11, Biliary Mapping During Laparoscopic Cholecystectomy) The term "CBD injury" is not appropriate. Instead, "Bile duct injury" should be used. The common and right hepatic ducts are also susceptible to injury during laparoscopic cholecystectomy. #2 (p.11, Biliary Mapping During Laparoscopic Cholecystectomy) Is the ICG cholangiography superior to conventional intraoperative cholangiography? If so, what is the advantage of the ICG method? #3 (p.19, Lymphatic mapping) The lymphatic mapping has been attempted to identify the main feeding vessels and lymphatics for appropriate lymph node dissection in colon cancer surgery as well as to find the sentinel lymph nodes to minimize the resection area. These two concepts of the procedure should be discriminated and the evidence should be distinctively described. #4 (p.20, Ureteral visualization) Is there any evidence for using ICG-coated ureteral catheter to visualize the ureter intraoperatively? #5 (p.20,

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Identification of Peritoneal Metastasis) The authors say “Peritoneal metastases occur in 30-40% of colorectal cancer patients”. Is the proportion of the peritoneal metastasis really so high?