

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 85775

Title: First experience in laparoscopic surgery in low and middle income countries: A systematic review

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05219083

Position: Editorial Board

Academic degree: MD

Professional title: Doctor, Professor, Surgeon

Reviewer's Country/Territory: Mexico

Author's Country/Territory: United Kingdom

Manuscript submission date: 2023-11-06

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-11-15 00:26

Reviewer performed review: 2023-11-23 19:12

Review time: 8 Days and 18 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 Grade E: Do not publish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 type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 checked="" type="checkbox"/> Minor revision <input 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

Manuscript ID: 85775 Manuscript Title: First experience in laparoscopic surgery in low and middle income countries: a systematic review

Criteria Checklist for New Manuscript Peer-Review

To review a manuscript and ensure the integrity and quality of the process, the Peer-Reviewer should guide their review activities by the following two questions: (1) Is the manuscript important/innovative and why? The manuscript is of a systematic review type and very partially analyzes the initial experience of laparoscopic surgery in low- and middle-income countries. (2) In particular, does it contain new concepts, hypotheses, and/or mechanistic, diagnostic or therapeutic information, or does it represent a state-of-the-art review of the topic?; and No. (3) Is the manuscript well, concisely, and coherently organized and presented? In general terms Yes. In addition, the Peer-Reviewer should perform the review of a manuscript according to the criteria checklist, itemized below:

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes, although the title in the manuscript appears incomplete. "Laparoscopic surgery in low and middle income countries: a systematic review"

Full name: "First experience in laparoscopic surgery in low and middle income



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countries: a systematic review” 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? The conclusions in the Abstract, in its first paragraph, are not supported by the results, since they included a very small number of publications in this systematic review., It is written as follows: Despite financial and technical challenges, many studies confirm the benefits of introducing laparoscopic surgery in LMIC. Because only 10 publications included the authors. 3 Key Words. Do the key words reflect the focus of the manuscript? Yes. The only acronym used in the manuscript must be used by the authors in its entirety. The last paragraph of the discussion needed to be applied. 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? In the introduction, the authors should delve into the problem of human and material resources, which is based on the economic deficit of developing countries and which makes it extremely difficult to democratize laparoscopic surgery. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Yes. 6 Results. Are the research objectives achieved by the experiments used in this study? Yes. What are the contributions that the study has made for research progress in this field? None. 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? The authors fundamentally comment on what was reported in previous publications and discuss very little about the findings in the results of this research. Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? The analysis of the publications included in this systematic review that focused on: training, costs and equipment on laparoscopic surgery, and where the three aspects are fundamental for the implementation of laparoscopic surgery at any latitude in the world, in the countries of entry medium and low, the cost aspect is central to: training surgical teams, acquiring equipment and keeping it operational with trained

technical personnel, having hospital facilities with the infrastructure that guarantees their operation and locally having supplies or consumables for laparoscopic surgery. All of the above comes down to having the economic resource. This approach is not addressed by the authors of this manuscript, an interesting situation, but one that I invite the authors not to analyze. Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? The scientific relevance and clinical application are the fundamental aspects in relation to laparoscopic surgery and I invite the authors to carefully analyze the 10 publications that they included in this systematic review, in order to make valid conclusions and correlate the 3 initial aspects analyzed: training, costs and equipment, which would translate into some COST-EFFECTIVENESS conclusion. At the end of the Discussion, the authors need to add their CONCLUSIONS. 8 Illustrations and tables. Are the figures, diagrams, and tables sufficient, good quality and appropriately illustrative, with labeling of figures using arrows, asterisks, etc, and are the legends adequate and accurately reflective of the images/illustrations shown? Figures and Tables must be presented on separate pages, in this way the editor will embed them in the most appropriate place for publication. Figure 1, in the manuscript, appears cut into 2 parts and its appearance is unaesthetic. To Table 1, I suggest the authors add a column with the number of cases contributed by each included study. 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? Does not apply. 10 Units. Does the manuscript meet the requirements of use of SI units? The currency sign (\$), I suggest the authors clarify what currency it is, which is surely American dollars (Introduction and Discussion). 11 References. Does the manuscript appropriately cite the latest, important and authoritative references in the Introduction and Discussion sections? Yes, but authors must write the 24 References as required by the Journal: Authors without limit of number Post title Universal abbreviation of the Journal Year Volume and number of the Journal Pages PMID DOI



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Example Reference 1: Buia A, Stockhausen F, Hanisch E. Laparoscopic surgery: A qualified systematic review. *World J Methodol* 2015;5(4):238-54. PMID: 26713285. DOI: 10.5662/wjm.v5.i4.238. Reference 4, which is electronic, also completes its wording: Author or entity responsible for its publication, Title of the publication, year [date of the consultation] and Available from: <https://www.worldbank.org/en/country/mic/overview#1> Does the author self-cite, omit, incorrectly cite and/or over-cite references? Yes. 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? In general terms Yes. Is the style, language and grammar accurate and appropriate? Yes. 13 Research methods and reporting. Authors should have prepared their manuscripts according to BPG's standards for manuscript type and the appropriate topically-relevant category, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. For (6) Letters to the Editor, the author(s) should have prepared the manuscript according to the appropriate research methods and reporting. Letters to the Editor will be critically evaluated and only letters with new important original or complementary information should be considered for publication. A Letter to the Editor that only recapitulates information published in the article(s) and states that more studies are needed is not acceptable? Yes (PRISMA). 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Does not apply. Specific Comments To Authors:* Please make your specific comments/suggestions to authors based on the

above-listed criteria checklist for new manuscript peer-review and the below-listed criteria for comments on writing. The criteria for writing comments include the following three features: First, what are the original findings of this manuscript? None. What are the new hypotheses that this study proposed? None. What are the new phenomena that were found through experiments in this study? None. What are the hypotheses that were confirmed through experiments in this study? Does not apply. Second, what are the quality and importance of this manuscript? What are the new findings of this study? None. What are the new concepts that this study proposes? None. What are the new methods that this study proposed? None. Do the conclusions appropriately summarize the data that this study provided? No. What are the unique insights that this study presented? None. What are the key problems in this field that this study has solved? None. Third, what are the limitations of the study and its findings? Only 10 papers and 6 LMIC's are covered by this review and most of them are retrospective studies with small sample size, which limits the conclusions of the findings. There are huge variations between different areas within the country and therefore challenges in some hospitals do not reflect the whole country. What are the future directions of the topic described in this manuscript? The authors make some key recommendations for the local introduction of laparoscopic surgery in LMICs. What are the questions/issues that remain to be solved? The authors do not propose any. What are the questions that this study prompts for the authors to do next? The authors do not propose any. How might this publication impact basic science and/or clinical practice? In clinical practice, surgeons from low- and middle-income countries must seek the necessary public, private or individual financial support to train and implement laparoscopic surgery due to the benefits and advantages demonstrated for several decades.