



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Oncology*

Manuscript NO: 91077

Title: Pylorus-preserving gastrectomy for early gastric cancer

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 06342711

Position: Peer Reviewer

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Turkey

Author's Country/Territory: China

Manuscript submission date: 2023-12-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-25 06:03

Reviewer performed review: 2023-12-25 06:36

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 Grade E: Do not publish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



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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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

--I would like to congratulate the authors on their works. --I have the following comments/concerns regarding the study, which authors may find useful. From the text: Since most T1aN0M0 cases undergo endoscopic mucosal resection, the indications of PPG are mainly T1aN0M0 cases which are not suitable for endoscopic resection and T1bN0M0 cases. It can also be considered as an additive surgery after endoscopic resection. --Please give references. From the text: Lymph node dissection --It would be better for the readers if you gave a figure and explained it with reference to it. From the text: Anastomosis method --It would be better to explain open, laparoscopic, and robotic operations separately. From the text: It is hoped that the ongoing multicenter randomized controlled trial KLASS-04 will settle the question of the advantages of PPG to DG in terms of oncological safety and functional benefits. erken sonuçlarından bahsedilebilir --The first results of this study can be mentioned. The preservation of pyloric function has complicated the technicalities of PPG and suggested the potential risks associated with incomplete lymph node dissection. The precise determination of functional benefits, oncological safety, technique standardization and the clarification of



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complications have not been strictly addressed. It is also not fully understood whether patients benefit from PPG if they suffer gastric stasis, or whether PPG for EGC increases the risk of secondary gastric cancer. --This concluding section should include positive findings rather than negative and inconclusive results. It would help if you also considered including positive findings.