



PEER-REVIEW REPORT

Name of journal: *World Journal of Methodology*

Manuscript NO: 75280

Title: Robotic ultrasound: an initial feasibility study

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 02548230

Position: Editorial Board

Academic degree: FASGE, MD, MSc, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Brazil

Author's Country/Territory: India

Manuscript submission date: 2022-01-23

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-25 17:53

Reviewer performed review: 2022-01-25 19:14

Review time: 1 Hour

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 Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

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Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

read the article entitled "Tele-robotic ultrasound: an initial feasibility study". I congratulate them on their brilliant initiative. I believe the authors could be more emphatic in changing the title of the study to "Robotic-ultrasound: an initial feasibility study". In my opinion, one of the main limitations of the study would be the cost of the robot (creation, development, installation and operation) to perform the US. This cost, the authors believe, can be justified by the pandemic, but my question is can it be expanded, for example, to perform endoscopies? It seems obvious that it is also justified for the realization during the pandemic, but could the authors talk about other more futuristic technical idealizations? It also seems that help from a larger auxiliary team is needed, the authors could explain more in this context. What would the coupling agent be that can be done by engineering technicians or by engineers? The authors say, "However, the team does not need to remain close to the patient throughout the study and can maintain a safe distance once the patient is positioned and a coupling agent has been applied. It does not seem contradictory to what you already say. that in conventional US only the doctor would be exposed to contamination in times of a pandemic to put more people in a room? Clarify more what the authors call the learning curve? Do the authors believe that a US performed by Robo can provide better images than conventional US? I think that the authors should increase the sample, in order to obtain more robust conclusions.



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Reviewer’s code: 06246713

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Reviewer’s Country/Territory: United States

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First- It is feasible to use Tele-Robo ultrasound as a way to provide care to covid patients as well as other areas where there is need for distancing or in far to reach places. This was also considered safe and acceptable by the participants. Second- Although the results can not be considered conclusive in advocating for the use of tele-robo ultrasound, its clinical applicability is still great even considering the prohibitive costs. Third- Its high prohibitive cost, its need for extensive training in both robotics, computing/network management and ultrasound may make it only applicable to niche markets suck as NASA and other arctic companies with both the need and financing to perform and fund the use of the program. Perhaps with advancement in technology, this can become more relevant and feasible.