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<table>
<thead>
<tr>
<th>Scientific quality</th>
<th>Grade A: Excellent</th>
<th>Y Grade B: Very good</th>
<th>Grade C: Good</th>
<th>Grade D: Fair</th>
<th>Grade E: Do not publish</th>
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<td>Language quality</td>
<td>Grade A: Priority publishing</td>
<td>Y Grade B: Minor language polishing</td>
<td>Grade C: A great deal of language polishing</td>
<td>Grade D: Rejection</td>
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<td>Conclusion</td>
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<td>Accept (General priority)</td>
<td>Minor revision</td>
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<td>Y Yes</td>
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<td>Y Anonymous</td>
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Conflicts-of-Interest: [ ] Yes [ Y] No
SPECIFIC COMMENTS TO AUTHORS
This is a very interesting article about chylous ascites following after right hemicolecтомy. The whole manuscript focuses on the impact of right hemicolecтомy on the lymphatic system. The purpose of the study is clear, the method is reasonable, and the discussion part is coherent and detailed. It reflects the incidence and possible risk factors of chyloperitoneum caused by surgery, and establishes a prediction model. Although the model only have medium prediction ability, it has certain clinical significance. I would like to focus on whether the 516 patients included in this article refer to all the number of right hemicolecтомy cases during the study period? Is it not stated here for all surgical patients? Is there any selective bias?