



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 105514

Title: Remission of type 2 diabetes one year after esophagectomy with gastric conduit reconstruction: A prospective cohort study

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03731036

Position: Peer Reviewer

Academic degree and professional title: Assistant Professor, MD, PhD

Reviewer’s Country/Territory: Japan

Author’s Country/Territory: China

Manuscript submission date: 2025-01-24

Reviewer chosen by: Hong-Xin Jiang

Reviewer accepted review: 2025-02-05 01:27

Reviewer performed review: 2025-02-08 23:45

Review time: 3 Days and 22 Hours

Content to be reviewed	<p>Does the manuscript’s content fall within the scope of the journal? No</p> <p>Is there any Key Word that is not included in the manuscript title? Yes</p> <p>Do authors’ affiliations correspond to the content of the manuscript? Yes</p> <p>Does the Abstract contain the contents of each part of the manuscript (IMRaD)? Yes</p> <p>Are the Key Words complete? Yes</p>
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	<p>Is the content of the Introduction adequate? Yes</p> <p>Is the content of the Materials and Methods complete? Yes</p> <p>Is the description of the experiments clear and complete? Yes</p> <p>Are the experimental data presented in the manuscript's biostatistics content reliable? No</p> <p>Are the experimental data of the Results true and reliable? Yes</p> <p>Are the quality and resolution of the images up to standard? Yes</p> <p>Do the selection and design of the figures and tables follow the principles of necessity and clarity? Yes</p> <p>Is the content of the Discussion reasonable? Yes</p> <p>Is the Conclusion reasonable? No</p> <p>Are all references necessary and reasonable? Yes</p> <p>Do authors omit important references? No</p> <p>Are all references related to the topic of the manuscript? Yes</p> <p>Do authors only cite their own earlier publications? Yes</p> <p>Is the manuscript's text correct, concise, and clear? Yes</p> <p>Will the manuscript's content be of interest to readers? Yes</p> <p>Are additional experiments needed for the study? Yes</p> <p>Does the research scope comply with ethics? No</p>
Scientific quality	Grade D (Fair)
Novelty of this manuscript	Grade D (Fair)
Creativity or innovation of this manuscript	Grade D (Fair)



Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade C (Good)
Does this manuscript describe a study of the existing knowledge system?	No
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Major revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No

SPECIFIC COMMENTS TO AUTHORS

This study investigated type 2 diabetes (T2D) remission one year after esophagectomy with gastric conduit reconstruction and reported a 12.8% remission rate among 187 patients, with younger age and higher body weight identified as independent predictors. However, current data are insufficient to fully support the clinical implications of these findings. Therefore, a major revision of the manuscript is necessary to address the following points. I believe these comments will be helpful in improving the manuscript. Specific Comments: 1. The study attributed diabetes remission after esophagectomy to weight loss and gastric conduit narrowing. However, this study lacks direct evidence to support this mechanistic link. The authors should provide data or justify the absence thereof regarding GLP-1 levels and other relevant hormonal changes that could explain the observed remission. 2. The study's definition of diabetes remission (normalized HbA1c without medication) is less stringent than the commonly accepted criteria



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proposed by Buse et al. (2009), which requires sustained remission for at least one year. The authors should justify their chosen definitions or consider adopting stricter criteria. Additionally, the authors should address whether the study assessed diabetes recurrence beyond the one-year follow-up period. 3. This was a single-arm prospective cohort study without a control group. The inclusion of an appropriate control group would significantly strengthen the conclusions of the study by enabling a more robust comparison of diabetes remission rates and potential mechanisms. 4. This study identified higher preoperative body weight as being associated with higher remission rates. However, it does not account for the severity of diabetes before surgery (e.g., insulin resistance, C-peptide levels, and β -cell function). The authors should explain how preoperative diabetes severity was assessed and how it was related to postoperative remission. Given the lack of β -cell function markers, the authors should consider incorporating a validated scoring system such as the ABCD score to evaluate the preoperative probability of T2DM remission. 5. External Validity and Surgical Technique: This study was conducted at two centers in China using a relatively narrow gastric conduit (20-30 mm). The use of wider conduits (40-60 cm) is more common in many institutions, raising concerns regarding the generalizability of the findings. The authors should discuss the limitations of applying these results to institutions that use wider conduits. Furthermore, the influence of different surgical procedures (Ivor-Lewis vs. McKeown) on HbA1c changes should be evaluated. Are there plans to compare diabetes remission rates based on conduit widths? 6. Vagal Resection, Dumping Syndrome, and GLP-1: Resection of the vagus nerve and occurrence of dumping syndrome may influence serum GLP-1 levels. The authors should report the rate of dumping syndrome after esophagectomy and assess the relationship between dumping syndrome and HbA1c level.



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Peer-review model: Single blind

Reviewer's code: 05409220

Position: Peer Reviewer

Academic degree and professional title: Assistant Professor, Consultant, MD, PhD

Reviewer's Country/Territory: Slovenia

Author's Country/Territory: China

Manuscript submission date: 2025-01-24

Reviewer chosen by: Hong-Xin Jiang

Reviewer accepted review: 2025-02-26 21:48

Reviewer performed review: 2025-03-14 18:47

Review time: 15 Days and 20 Hours

Content to be reviewed	Does the manuscript's content fall within the scope of the journal? Yes Is there any Key Word that is not included in the manuscript title? No Do authors' affiliations correspond to the content of the manuscript? Yes Does the Abstract contain the contents of each part of the manuscript (IMRaD)? Yes Are the Key Words complete? Yes
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Is the content of the Introduction adequate? **Yes**

Is the content of the Materials and Methods complete?
Yes

Is the description of the experiments clear and complete? **Yes**

Are the experimental data presented in the manuscript's biostatistics content reliable? **Yes**

Are the experimental data of the Results true and reliable? **Yes**

Are the quality and resolution of the images up to standard? **Yes**

Do the selection and design of the figures and tables follow the principles of necessity and clarity? **Yes**

Is there any duplication between various parts of the manuscript and between the main text and the content presented in the figures and tables? **Yes**

Are the figures and tables numbered consecutively in the order in which they appear in the manuscript? **Yes**

Is the content of the Discussion reasonable? **Yes**

Is the Conclusion reasonable? **Yes**

Are all references necessary and reasonable? **Yes**

Do authors omit important references? **Yes**

Are all references related to the topic of the manuscript? **Yes**

Do authors only cite their own earlier publications? **No**

Is the manuscript's text correct, concise, and clear? **Yes**

Will the manuscript's content be of interest to readers?
Yes

Are additional experiments needed for the study? **No**

Does the research scope comply with ethics? **Yes**



Scientific quality	Grade B (Very good)
Novelty of this manuscript	Grade B (Very Good)
Creativity or innovation of this manuscript	Grade B (Very Good)
Scientific significance of the conclusion in this manuscript	Grade C (Good)
Language quality	Grade C (Good)
Does this manuscript describe a study of the existing knowledge system?	Yes
Does this manuscript report a revolutionary innovation?	No
Does this manuscript report an unconventional innovation?	No
Conclusion	Minor revision
Re-review	Yes
Peer-reviewer statements	Peer-Review: Anonymous
	Conflicts-of-Interest: No

SPECIFIC COMMENTS TO AUTHORS

Letter to the authors Dear colleagues, I congratulate you on submitting a well researched, elegantly designed and interesting study paper. It deals with an important subject in esophageal surgery that is underreported to this day. I find the study interesting and the paper worthy of publishing. I would like to share some specific comments and suggestions below: lines 80-82: I understand the aim you've stated but I suggest you rephrase it so that it states your hypothesis, not verification of an expected result. I agree that a T2D remission is expected, but due to the paucity of literature to this date a more careful wording is warranted. introduction: please mention a recently published study



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by Yang J et al. (1) that also reports on weight loss and glycolipid profile changes in type 2 diabetes patients after esophagectomy. I understand this may have been published after your paper was written but is now out there and should be mentioned. also, in light of this, lines 186-188 should be rephrased. The study didn't report on Hb1AC but it does report on fasting glucose after esophagectomy. General remarks: while the English used is of high quality there remain some grammatical errors that need correcting. Please consult a language editor. I suggest replacing the phrase "normal HbA1c" with a more specific definition in the abstract and throughout the manuscript. Given the context, using the established cutoff value of 6.5% would be more accurate and consistent. For instance, you could state "...HbA1c values below 6.5%..." or "...non-diabetic levels of HbA1c (below 6.5%)..." Regarding the statement about increased obesity, please revise this throughout the manuscript. If the BMI values were consistently below 30 kg/m², the subjects do not technically fall within the clinical definition of obesity. Please consider alternative phrasing to describe any observed trends related to BMI, such as "higher BMI values" or "a trend towards increased BMI," if appropriate. Alternatively, if there are other metrics used to define obesity, please clarify and include them in the text. I also suggest rephrasing "suspended the use of antidiabetic drugs" to "discontinued the antidiabetic drugs." In the discussion section, please address the potential confounding effect of achieved body weight loss on diabetes remission in more detail. Specifically: Clearly state the body weight changes (before vs. after the procedure) were/ were not different between the groups. Discuss whether the statistical analysis adjusted for these changes. If so, explain the method used. If not, acknowledge this as a potential limitation and discuss its implications for the interpretation of the remission results. literature: 1. Yang J, Lai J, Chen X, Xia W, Li Y, Huang J, et al. Weight loss, glycolipid profile changes in type 2 diabetes patients after esophagectomy: a propensity score matching analysis. Surg Endosc. 2024 Jun 1;38(6):3405-15.