



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 60145

**Title:** Feasibility of totally laparoscopic gastrectomy without prophylactic drains for gastric cancer patients of the China National Cancer Center

**Reviewer's code:** 02942806

**Position:** Peer Reviewer

**Academic degree:** DVSc, FRCS, PhD

**Professional title:** Associate Chief Physician, Professor

**Reviewer's Country/Territory:** Taiwan

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-11-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-11-11 04:52

**Reviewer performed review:** 2020-11-24 01:06

**Review time:** 12 Days and 20 Hours

<b>Scientific quality</b>	<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 Grade E: Do not publish
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

The development of laparoscopic gastric cancer surgery has led to its emergence as a treatment modality for distal gastric cancer. Compared with laparoscopic assisted surgery, totally laparoscopic distal gastrectomy is an intra-cavitary anastomosis, which does not require an auxiliary small incision. The reconstruction of totally laparoscopic distal gastrectomy's anastomosis is safer, regardless of tumor location, with a lower incidence of incision problems than laparoscopic assisted distal gastrectomy. Prophylactic drains have been used to remove intraperitoneal collections and detect complications early. However, there are few studies on routine prophylactic drainage after totally laparoscopic distal gastrectomy. In this study, the authors compared the outcomes of patients who underwent totally laparoscopic distal gastrectomy with drainage to the outcomes of those who underwent totally laparoscopic distal gastrectomy without drainage to clarify the value of routine prophylactic drainage in uncomplicated totally laparoscopic distal gastrectomy procedures for distal gastric cancer. The manuscript is over all well designed, and the manuscript is well written. The sample size is big and enough, results data are interesting. In the reviewers opinion, this manuscript can be accepted after a minor editing. Thank you.



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**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 60145

**Title:** Feasibility of totally laparoscopic gastrectomy without prophylactic drains for gastric cancer patients of the China National Cancer Center

**Reviewer's code:** 02992572

**Position:** Peer Reviewer

**Academic degree:** FCPS, MD, PhD

**Professional title:** Professor, Research Fellow, Research Scientist

**Reviewer's Country/Territory:** Japan

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-11-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-11-11 04:54

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**Review time:** 12 Days and 20 Hours

<b>Scientific quality</b>	<input checked="" type="checkbox"/> Grade A: Excellent <input 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
<b>Language quality</b>	<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
<b>Conclusion</b>	<input checked="" type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

In this study, Liu et al reviewed the outcomes of 125 consecutive patients with distal gastric cancer who underwent totally laparoscopic distal gastrectomy with and without prophylactic drainage. The authors found that performing totally laparoscopic gastrectomy without prophylactic drains in selected patients is possible. It significantly improved postoperative comfort and did not increase the risk of postoperative complications. The aim of the study is clear, and the methods are listed in detail. Results data, include the data in the tables are very interesting. Well done! I suggest to accept this manuscript without specific comments.



## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 60145

**Title:** Feasibility of totally laparoscopic gastrectomy without prophylactic drains for gastric cancer patients of the China National Cancer Center

**Reviewer's code:** 03012124

**Position:** Peer Reviewer

**Academic degree:** FEBS, MD, PhD

**Professional title:** Associate Chief Pharmacist, Professor

**Reviewer's Country/Territory:** Spain

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-11-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-11-11 04:52

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**Review time:** 12 Days and 20 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

This is an interesting study of the feasibility performing totally laparoscopic distal gastrectomy without prophylactic drains in selected patients. Data of patients with distal gastric cancer who underwent totally laparoscopic distal gastrectomy with and without prophylactic drainage were reviewed. The authors found that omitting prophylactic drainage may reduce surgery time and result in faster recovery. Routine prophylactic drains are not necessary in selected patients. A prophylactic drain may be useful in high-risk patients. I think those findings are supported by the results of the study. Suggestions:

1. The data in tables are interesting, but the words are too small, it difficult to read. Please edit the tables carefully.
2. The manuscript is very well written, but a minor editing is required.
3. Results are well discussed, including the limitation of the study.



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**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 60145

**Title:** Feasibility of totally laparoscopic gastrectomy without prophylactic drains for gastric cancer patients of the China National Cancer Center

**Reviewer's code:** 03011991

**Position:** Peer Reviewer

**Academic degree:** DSc, DVM, FRCPA, MD

**Professional title:** Professor, Research Scientist, Senior Lecturer

**Reviewer's Country/Territory:** South Korea

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-11-10

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-11-10 11:18

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**Review time:** 13 Days and 14 Hours

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Peer-reviewer statements</b>	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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#### **SPECIFIC COMMENTS TO AUTHORS**

Very interesting study about the totally laparoscopic gastrectomy without prophylactic drains for gastric cancer patients. The reviewer read the manuscript carefully, and found the manuscript is very well written. The methods are described in detail, and the results are reasonable. Minor comments: A minor editing is required for the manuscript, and the discussion is a little short, the authors can add some more recent reference and further discuss the results.