**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 72688

**Title:** The comparison of the short and long-term outcomes between laparoscopic and open total gastrectomy for locally advanced gastric cancer after neoadjuvant chemotherapy

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 01557283

**Position:** Editorial Board

**Academic degree:** MD, PhD

**Professional title:** Associate Professor, Surgeon

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

**Author’s Country/Territory:** China

**Manuscript submission date:** 2021-10-24

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-10-31 09:58

**Reviewer performed review:** 2021-11-07 00:21

**Review time:** 6 Days and 14 Hours

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**Conclusion**

- [ Y] Accept (High priority)
- [ Y] Accept (General priority)
- [ ] Minor revision
- [ ] Major revision
- [ ] Rejection
SPECIFIC COMMENTS TO AUTHORS

Summary of comments. The present study well analyzed the surgical outcomes after OTG and LTG following NACT. However, the present study was retrospective and single institutional study. Therefore, the authors should analyze historical bias. Major comments. 1. Introduction. Line 3, Page 5. The authors mentioned that neoadjuvant chemotherapy (NACT) reduced surgical risk. The authors should cite appropriate references about this. Postoperative complication rate after NAC may be equivalent to that of surgery-first therapy. 2. Material and methods. Patients. Since when have the authors perform LTG following NACT? If the authors performed LTG after NACT since 2012, how did the authors select LTG patients? The authors mentioned the present study was retrospective. Did not the present study include historical factor? This means the present study contained improvement of surgical technique of LTG between 2012 and 2019. The authors should number of patients undergoing LTG from 2012 to 2015, and that from 2016 to 2019 in Table 1. 3. Results. The authors should perform multivariate analyses of OS and DFS including historical factor (i.e., from 2012 to 2015 vs. from 2016 to 2019). Minor comments 1. Result & Conclusion. The abbreviations of pCR, ORR, AGC should be fully spelled when first appeared.
**Name of journal:** World Journal of Gastrointestinal Surgery

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**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer’s code:** 03036083

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

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

**Author’s Country/Territory:** China

**Manuscript submission date:** 2021-10-24

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2021-11-22 19:06

**Reviewer performed review:** 2021-11-22 21:16

**Review time:** 2 Hours

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SPECIFIC COMMENTS TO AUTHORS
There are many article reporting that NACT have an advantage in advanced gastric cancer. Recent results from the RESOLVE study showed that Perioperative SOX has a better survival than adjuvant SOX which suggest the benefit of NACT. On the other hand, there are several articles showing that LTG has a same oncological outcomes as OTG. However, there are no phase III RCT trial showing that LTG is inferior to OTG in advanced gastric cancer. In this study, authors showed that the operative outcomes were similar between treatment groups which provides new aspect to this field. 1. In general, NACT is administered to locally unresectable nonmetastatic gastric cancer or patients who are at a high risk of developing distant metastasis. In this study, it seems that there are several patients who does not have a indication for NACT, although there is no clear indication for NACT. It might be better to limit the sample to those with general indications for NACT. 2. Several patients used S-1 alone as a NACT. However, S-1 is usually combined with other chemotherapy. Therefore, I recommend excluding patients treated with S-1 alone for NACT. 3. According to Table 5, surgery costs were higher and hospitalization costs were lower in LTG group compared with OTG group. However, total costs seems to be similar. Please provide the data for total costs.
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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05576252

Position: Editorial Board

Academic degree: MD

Professional title: Consultant Physician-Scientist

Reviewer’s Country/Territory: Italy

Author’s Country/Territory: China

Manuscript submission date: 2021-10-24

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-22 08:35

Reviewer performed review: 2021-11-25 11:53

Review time: 3 Days and 3 Hours

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**SPECIFIC COMMENTS TO AUTHORS**

The manuscript is well written and interesting. No important edits are needed in my opinion.
RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Reviewer’s code: 03036083
Position: Peer Reviewer
Academic degree: MD
Professional title: Doctor
Reviewer’s Country/Territory: Japan
Author’s Country/Territory: China
Manuscript submission date: 2021-10-24
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Reviewer accepted review: 2022-01-21 19:14
Reviewer performed review: 2022-01-21 19:22
Review time: 1 Hour

Scientific quality
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[ ] Grade D: Fair  [ ] Grade E: Do not publish

Language quality
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[ ] Grade C: A great deal of language polishing  [ ] Grade D: Rejection

Conclusion
[ ] Accept (High priority)  [Y] Accept (General priority)
[ ] Minor revision  [ ] Major revision  [ ] Rejection
SPECIFIC COMMENTS TO AUTHORS
Authors revised the manuscript according to comments of reviewers. I consider accepting this manuscript.