PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 74991

Title: Network meta-analysis of randomized controlled trials on esophagectomies in the case of esophageal cancer: The superiority of minimally invasive surgery

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 01588784

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor, Surgeon

Reviewer’s Country/Territory: Japan

Author’s Country/Territory: Hungary

Manuscript submission date: 2022-01-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-18 00:38

Reviewer performed review: 2022-01-26 11:51

Review time: 8 Days and 11 Hours

Scientific quality

| Grade A: Excellent | Grade B: Very good | Grade C: Good | Grade D: Fair | Grade E: Do not publish |

Language quality

| Grade A: Priority publishing | Grade B: Minor language polishing | Grade C: A great deal of language polishing | Grade D: Rejection |

Conclusion

| Accept (High priority) | Accept (General priority) |
| Minor revision | Major revision | Rejection |

Re-review

| Yes | No |
SPECIFIC COMMENTS TO AUTHORS

The authors conducted a network meta-analysis to assess the superiority of minimally invasive esophagectomy over transthoracic, transhiatal, hybrid or robot-assisted surgery. They found that minimally invasive technique significantly reduced the incidence of pulmonary infection, whereas non-open surgery (thoracolaparoscopic, hybrid, and robot-assisted) required longer operative time. They did not find any significant difference in survival, total adverse events, cardiac adverse events, anastomotic leakage, atrial fibrillation, wound infection, total pulmonary adverse events, vocal cord paralysis, or length of hospital stay and blood loss. They concluded that minimally invasive esophagectomy is only beneficial considering the decreased rate of pulmonary infection, and thus more trials and systematic analyses are needed for further assessment. This paper is well written, along with the sophisticated methodology using a novel network meta-analysis and well visualized figures. The manuscript is also well structured with sufficient presentations of the results. The strengths and weaknesses are adequately described in the discussion. The authors may consider the followings for minor points:

1. “Survival” means cancer-specific or overall?? Please define clearly in the manuscript.
2. Title “superiority of thoracolaparoscopy”: to be more consistent with the manuscript contents, “superiority of minimally invasive technique (or surgery)” may be considered as an alternative title.
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Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05914859

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Lecturer

Reviewer’s Country/Territory: Romania

Author’s Country/Territory: Hungary

Manuscript submission date: 2022-01-16

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-02-11 19:44

Reviewer performed review: 2022-02-21 09:10

Review time: 9 Days and 13 Hours

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SPECIFIC COMMENTS TO AUTHORS

It would have been probably of interest to include few more studies in the analysis since those already included have a number of weak points.
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Title: Network meta-analysis of randomized controlled trials on esophagectomies in the case of esophageal cancer: The superiority of minimally invasive surgery
Provenance and peer review: Invited Manuscript; Externally peer reviewed
Peer-review model: Single blind
Reviewer’s code: 05774529
Position: Editorial Board
Academic degree: FASCRS, MD, PhD
Professional title: Deputy Director
Reviewer’s Country/Territory: China
Author’s Country/Territory: Hungary
Manuscript submission date: 2022-01-16
Reviewer chosen by: AI Technique
Reviewer accepted review: 2022-02-15 07:22
Reviewer performed review: 2022-02-27 01:44
Review time: 11 Days and 18 Hours

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SPECIFIC COMMENTS TO AUTHORS
The manuscript is a network meta-analysis of randomized controlled trials on esophagectomies in esophageal cancer. The topic is relevant, however, there are several questions that needs attention. 1. In the cover letter, “We believe, that our work will have a significant impact on clinical practice and a peer-reviewed high quality journal, like The Journal of Gastrointestinal Surgery is the perfect platform to present our results.”. “Journal of Gastrointestinal Surgery” is wrong. 2. What was the rationale behind only include articles until 2019? 3. Some content fonts have inconsistent formats and should be changed.