PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 79679

Title: Development of a warning score for early detection of colorectal anastomotic leakage: Hype or hope?

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 00536689

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor, Surgeon

Reviewer’s Country/Territory: Italy

Author’s Country/Territory: Portugal

Manuscript submission date: 2022-09-12

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-09-15 05:53

Reviewer performed review: 2022-09-15 06:05

Review time: 1 Hour

Scientific quality

[ ] Grade A: Excellent  [ Y] Grade B: Very good  [ ] Grade C: Good
[ ] Grade D: Fair  [ ] Grade E: Do not publish

Language quality

[ ] Grade A: Priority publishing  [ Y] Grade B: Minor language polishing
[ ] Grade C: A great deal of language polishing  [ ] Grade D: Rejection

Conclusion

[ ] Accept (High priority)  [ ] Accept (General priority)
[ Y] Minor revision  [ ] Major revision  [ ] Rejection

Re-review

[ Y] Yes  [ ] No
SPECIFIC COMMENTS TO AUTHORS
Interesting job. Extreme current topic in colorectal surgery. Some clarifications
1. How was anastomotic leakage diagnosed?
2. Was a classification used for anastomotic leakage? If so, which one?
3. How was the anastomotic leakage treated?
4. It is necessary to mention the treatment in consideration of the fact that patients undergoing right colic resections and patients undergoing left colorectal resections were included.
5. Was abdominal drainage used at the end of the surgical procedure?
6. Were there protective ostomies?
7. Was a transanastomotic tube used in left colorectal resections?
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**Manuscript NO:** 79679

**Title:** Development of a warning score for early detection of colorectal anastomotic leakage: Hype or hope?

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

**Peer-review model:** Single blind

**Reviewer’s code:** 05469117

**Position:** Editorial Board

**Academic degree:** PhD

**Professional title:** Adjunct Professor, Chief Physician, Deputy Director

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

**Author’s Country/Territory:** Portugal

**Manuscript submission date:** 2022-09-12

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2022-09-18 16:54

**Reviewer performed review:** 2022-09-22 18:06

**Review time:** 4 Days and 1 Hour

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**Conclusion**

- [ ] Accept (High priority)
- [ ] Accept (General priority)
- [Y] Minor revision
- [ ] Major revision
- [ ] Rejection

**Re-review**

- [Y] Yes
- [ ] No
SPECIFIC COMMENTS TO AUTHORS
Thank you for inviting me to evaluate the observational study titled “Development of a warning score for early detection of colorectal anastomotic leakage: Hype or hope?” It is an interesting paper, the authors developed a predictive classification system [Early ColoRectAL Leakage (E-CRALL) score] from a prospective observational, single center cohort, carried out in a colorectal division from a non-academic hospital. the score performance and CAL threshold from postoperative day (POD)3 to POD5 were estimated. The conclusion is that The E-CRALL score is an accessible tool to predict CAL at an early timepoint. Additionally, E-CRALL can reduce overall healthcare costs, mainly in the reduction of hospital costs, independent of whether a patient developed CAL. The information in this review is helpful to clinical communities. The paper is well arranged and the logic is clear, and. The cited literature is comprehensive and modern. The provided figure and tables are well composed and understandable. The quality of language of the manuscript is acceptable for me. So, I recommend to you that this manuscript may be accepted. There are some advices for author: 1) Is there a data bias in the research data of the colorectal department of a non-academic hospital, whether it has promotion value, because it is often affected by the level of surgeons, surgical methods, and technical conditions, such as whether to perform preventive ostomy, may significantly reduce colorectal anastomotic leakage. 2) Why are interleukin-6, ascites, and the examination of ascites not listed as variables in E-CRALL?