Specifications

Comments from Scientific Reviewer and Editor, Senior Publication Quality Specialist and Senior Language Editor

Summary and Next Steps for Author/s
Message from the Top Impact Editing team

Thank you for choosing Enago to assist you in peer reviewing and editing of the manuscript to publish in top-ranking journals. We have assessed the appropriateness of study design, relevance of methodology, and significance of your findings to attract the reader’s attention. We have also ensured the clarity and flow of content, and structured and formatted it according to your target journal. We have prepared this customized report that gives you a scientific as well as language assessment status of your paper, along with a list of improvement areas addressed by us. We have suggested revisions to minimize chances of journal rejection. Please read this report along with the comments in the revised manuscript and respond to them. You are also requested to confirm if the revisions clearly present your study and are appropriate to the best of your knowledge.
Assignment details

<table>
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<th>Assignment Code</th>
<th>AXBGH-1</th>
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<tr>
<td>Manuscript Title</td>
<td>A novel, protective, flexible liver retraction method with clipping and suturing in laparoscopic gastrectomy for gastric cancer</td>
</tr>
<tr>
<td>Total word count</td>
<td>2621 words</td>
</tr>
<tr>
<td>Article Type</td>
<td>Retrospective case-controlled study</td>
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**RESEARCH STRENGTH**

**SUMMARY**
This article is focused towards developing a novel liver retraction method during laparoscopic distal gastrectomy to achieve an optimal surgical field. The authors considered a healthy patient size to prove their clinical objective. The surgical database was retrospectively analysed based on liver retraction method used. They identified a significantly shorter operative time in the flexible liver retraction with clipping and suturing group. Also, there were no significant rise in liver biomarkers as well as complications post operatively. This article is a first report of the liver retraction technique that provided an optimal surgical field without inducing liver dysfunction.

**ORIGINALITY AND SIGNIFICANCE OF RESEARCH** [Rating: Excellent, Good, Fair, or Poor]

Good
The study is novel and it can have multiple applications in clinical industry. This technique for liver retraction has been detailed by the authors in a clear manner, and as such would be of interest to the journal’s target audience. However, there are few sentences that are insufficiently framed and hence, affects the overall flow of research in the paper. The research content is acceptable but the study would be highly beneficial and would have better prospectus, if all revisions as mentioned are done.
- The article has all the required sections for a complete paper, but needs revisions as suggested in the comments box inside it. Based on existing literature, this study could be an innovative surgical approach to retract liver for an optimal surgical field without inducing liver dysfunction.

**CONTENT REVIEW**

**TITLE, ABSTRACT, AND KEYWORDS**
The title adequately reflects the theme of the paper and is informative. However, the title can be improved as the current tile has the word ‘optimal’ that has no critical basis of inclusion in it. In addition, while the meaning of “suturing” is self-evident, that of “clipping” is not.

Please consider this title instead: “A novel liver retraction method in laparoscopic gastrectomy for gastric cancer.”
If you choose to use it, please change it in the cover letter as well.
- This journal targets a wide audience including general surgeons, gastroenterologists, endoscopists and gastroenterologic surgeons. The title and the topic in general would be attractive to the readers of this journal.
- Short running head should be no longer than 40 characters. A better running title would be “Liver retraction during laparoscopy.”

Add the following details:
1. Author names and affiliations
2. Corresponding author name
3. Address of corresponding author, including email ID, telephone and fax number

The abstract does clarify the purpose and significance of the study. The journal requires a Structured Abstract of not more than 300 words stating Background, Methods, Results, and Conclusions. The current abstract fulfills these journal requirements; it has a well-defined structure, and has 300 words.
- However, ‘Conclusion’ needs to be changed to ‘Conclusions’ as there is more than one conclusion (2 sentences) in this section.
- Statements for Purpose, Methods, Results, and Conclusions are stated and are adequate, although the abstract is understandable, it is difficult to read. The abstract needs to be substantially improved for both language and grammar.
- Up to 6 keywords are allowed. Manuscript currently has 6 keywords. Other detailed similar comments have been added in the manuscript file. The author should address all mentioned issues accordingly.

**INTRODUCTION AND LITERATURE REVIEW**

Sufficient background information has been provided along with appropriate references. The limitations of the study need have been described well. There are no word count criteria for the main text. The Introduction is of appropriate length. Also, the purpose of the study is mentioned clearly. This section needs to be substantially improved for both language and grammar.

Relevant literature has been summarized in introduction and discussion sections.

The language of the article needed revisions, which we have now addressed in the edited manuscript. We have also made the article more concise to avoid unnecessary lengthy discussions. Many vital details have not been addressed.

The limits and the future prospectus of the study are also not discussed. The author should refer to the detailed comments for sections applicable and revise.

**METHODS AND STATISTICAL ANALYSIS**

There is no description of IRB approvals in this section of the manuscript. There is no description who or how many investigators were involved in extracting data. The primary and secondary outcomes of interest have been described. Study inclusion criteria has been provided. Statistical analysis section is appropriate and detailed.

PSM needs to be spelled out in the sub header “PSM analysis” Surgical procedure and liver retraction techniques have been adequately described.

Figure 2 has been referred to in Methods section. This should be Figure 1. This section needs to be substantially improved for both language and grammar. We have edited this section to enhance the overall readability and presentation of content. The author has not mentioned anything about the many shortcomings in the procedures and the research rationale. For details, kindly refer to the Comments section in the manuscript.

**RESULTS AND DISCUSSION**

Figure 1 in PowerPoint file should be Figure 1 and should be referred to in text ideally in the first section of results “patient characteristics after PSM analysis”. This section should be renamed as “Patient characteristics”. We have made this revision of the heading in the manuscript.
- The last statement in this section, “No significant differences.......................AST, ALT” is redundant. This can be seen in Table 1 and also after propensity score matching one would expect no differences between the two groups. We have reframed the sentences accordingly for better presentation of the context.
- All figures in the ppt file should be referred to in text at appropriate places in consecutive order.
- “No liver inflaction was found in both groups”. Is inflaction meant to be infection?
- In text POD should be in full form at first instance. This section needs to be substantially improved for both language and grammar. We have edited the manuscript extensively to remove such grammatical errors. Overall, all relevant information needed has been provided.

The limitations of the study have been described well. Study findings may be limited to variability in surgeon expertise. This limitation is not listed. Please check.

The authors have convincingly supported and discussed the results of the study. Length of the discussion is appropriate. Also, the current relevant literature has been adequately described and referenced.
Figures and Tables
The authors have not cited the patient selection figure in the text. Figure numbering is jumbled and should be corrected.
Figure 4:
- Is not cited in the text.
- Y-axis description is missing
- Describe in legend......what is Pre-OP and POD. If 1,3,5 and 7 are days the instead of 1M use 30 days.
Figure 1 has spelling mistakes. All the abbreviation should be described in full in figure legend below for the readers to be able to correlate the content inside the figures with the research promptly.
All figures, should be uploaded into Editorial Manager as individual figures separately from the text.
The legends are not explanatory as it had several grammatical errors that hindered the overall intended research presentation. We have extensively edited the figure legends to make it free of any language and grammatical errors.
All tables are cited in the text. They conform to the journal guidelines. However, in Table 1, describe age units.....median or mean? Range or IQR? The BMI units are missing, ‘Clinical’ is misspelled, Description of cN and cT are missing in Table legend. All full forms of abbreviations should be provided in the legend of the table.
Table 2: If only one person had Clavien-Dindo class III or higher complications, we might as well mention what class complication he had. Please check and revise accordingly.

Conclusion
The conclusion is concise. However, the conclusion statement needs to be improved for language and grammar.
Conclusion is backed by evidence. Future investigation approaches have not been discussed. Besides revising the sentences as suggested above, the authors should also mention about future prospectus of the study to appeal the wider readership about the implications of his findings.

References
The references are appropriately cited in the text. The font style of the body of the manuscript is different from the font style of references. We have made this format uniform across the paper.
Citation format is consistent across all references.

Other comments, if any
- The journal instructs to provide highlights for the study. You are advised to provide 3-4 bulleted highlight points of 85 characters each. They should be concise yet expressive of the key points of the research to draw the attention of the readers.
- As part of the submission process you must upload a completed and signed ICMJE disclosure form for each author.
STRUCTURE, STYLE, AND FORMAT REVIEW

Clarity of Presentation
The quality of presentation in the article is poor. The writing throughout the article is not clear and concise. The purpose of this article is clear. However, there are several errors throughout the manuscript in terms of sentence formation and grammatical accuracy. The manuscript would need substantial rework by a writer who is fluent in English or a native English speaker. We have done extensive revisions in the manuscript to remove all the grammatical errors and to enhance the research presentation to appeal to the readers. Many sections as pointed out in the comments needed major revision/rephrasing which we have addressed. Please check and confirm if the research presentation is in line with your experimental makeup of the study.

Organisation and Structure
The article is structured into logical sections. The authors have provided a well-presented and clearly sectioned manuscript in which different parts of the paper are easily identifiable.

Format and Style
The length of the article is as per standard guidelines of a journal that publishes similar research concepts. However, the running head exceeded word limit of 40 characters which we have made concise to meet the journal’s specifications. The format of the Abstract adheres to journal guidelines. There is no word limit for the main text. Structure of the main text is according to the journal guidelines. However, the article needs major revision in all sections mentioned above, especially for English language and grammar before submission. It had poor readability due to this drawback. The sections in the main manuscript should be numbered. Divide the article into numbered sections. Subsections should be numbered 1.1 (then 1.1.1, 1.1.2, ...), 1.2, etc. We have formatted the manuscript according to the journal’s instructions.

Authorship
It complies with the journal’s guidelines; however, the author should provide a declaration of interest. It is mandatory for the journal.

Suitability to Journal Instructions

<table>
<thead>
<tr>
<th>Journal Scope</th>
<th>‘Surgical Endoscopy’ is a unique journal that publishes articles that are at the interface between various medical and surgical disciplines. The topics covered under this journal includes surgical aspects of interventional endoscopy, ultrasound, and other techniques in the fields of gastroenterology, obstetrics, gynecology, and urology. Surgical Endoscopy serves as a focal point for the international surgical community to exchange information on practice, theory, and research. The clinical application of the novel FLICS liver retraction method which is the major proportion of the work reported will find a better appreciation by the journal’s audience.</th>
</tr>
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<td>Journal quality and coverage</td>
<td>Impact factor – 3.149 Indexed databases – Science Citation Index, Science Citation Index Expanded,</td>
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EMBASE, Medline, and Scopus
Quartile ranking – Q1

**MANUSCRIPT COMPATIBILITY**

The scope of this study is in line with the aims/scope of the recommended journal. However, the author should make all the revisions as suggested. The manuscript is a pioneer in the field of surgery, especially gastroenterology and many similar studies have been published recently. The journal’s indexing in well-reputed databases will ensure wide readership. This journal specifically publishes data on effective intraoperative techniques to overcome gastrointestinal complications and this fits well with the scope of the current study.

**CONCLUSIVE STATEMENTS FROM THE EXPERT**

This is a work that developed a new liver retraction method and assessed its safety and utility. However, as indicated in the sections above, there are substantial amount of revisions required in mainly the introduction and results sections. Overall, the study holds good clinical relevance and importance for clinicians worldwide. Other important issues regarding clarity in content presentation should be addressed appropriately by the authors to have a better chance of paper publication.
The authors would like to thank Enago (www.enago.com) for the manuscript review and editing support.