

Format for ANSWERING REVIEWERS

May 26, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: Re-Submitted text after peer review.doc).

Title: New trends in colorectal surgery: Single port and Natural Orifice techniques.

Author: Ronald DAHER, Elie CHOUILLARD, Yves PANIS

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 10243

The manuscript has been improved according to the suggestions of reviewers:

1. We totally agree that it was not Besadola, but Navarra who first described the transumbilical single-incision laparoscopic cholecystectomy in 1997. In fact, Bresadola compared it to conventional laparoscopy in a randomized study. The text and reference have been modified accordingly.

2. We consent that an error occurred in the introduction when citing "Agha A, Benseler V, Hornung M, Gerken M, Iesalnieks I, Fürst A, Anthuber M, Jauch KW, Schlitt HJ. Long-term oncologic outcome after laparoscopic surgery for rectal cancer. *Surg Endosc* 2014; 28: 1119-1125 [PMID: 24202710 doi: 10.1007/s00464-013-3286-8]". It is indeed a report on long-term oncological outcomes after laparoscopic rectal resection. This paper was not yet published online (November 2013) by the time we performed the search (in October 2013). Additional works of Arezzo et al. that you mentioned have also been integrated in the text as reference papers.

3. It is unquestionable that the systematic review and meta-analysis performed by Arezzo A et al. (Arezzo A, Scozzari G, Famiglietti F, Passera R, Morino M. Is single-incision laparoscopic cholecystectomy safe? Results of a systematic review and meta-analysis. *Surg Endosc*. 2013 Jul;27(7):2293-2304) concerning SILS cholecystectomy is one of the reference works from which knowledge can be extrapolated to other SILS procedures.

However, colorectal procedures fundamentally differ from cholecystectomy for the following reasons:

- They comprise several different procedures (ie; right, left, rectal resection, abdominoperineal resection...)
- They are performed for different etiologies (oncological, inflammatory, ischemic...) with special requirements for oncological appropriateness (margins and lymph node retrieval)
- They may imply dissection in the four abdominal quadrants
- They comprises resection of larger specimens that expose to extraction problems
- They are rarely an end-organ resection and often include the confection of an anastomosis

Consequently, the works of Arezzo et al. have been integrated in the "future perspectives" section. Conclusions (from the review) were cautiously transferred to our work (which is strictly focused on colorectal surgery) and the trial has been set as an example to follow for future evidence-based data.

4. The misspellings of "down-to-up" into "up-to-down" have been corrected throughout the text. We apologize for this inadvertence.

5 . Reports of the EURO-NOTES and SAGES / ASGE committees have been reviewed and critically analyzed. Information has been added in the "future perspective" section.

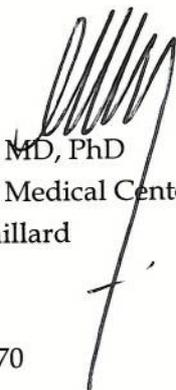
6 . Expectations for SILS and NOTES have been discussed in a larger section included in the "future perspective" section.

7 . Additional corrections applied to the text

- All references have been updated and Cross-linked using www.crossref.org/SimpleTextQuery.
- Profound English corrections have been performed by AJE. Please find attached the relative certificate.
- Title has been modified.
- Professor Yves PANIS has been added among the authors since he critically revised the manuscript after peer review and commented the "future perspective" section.
- Abstract has been revised according to the revision policies for review.
- The Core Tip has been added.
- The abbreviations and acronyms have been listed.

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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