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Editorial Office World Journal of Gastroenterology

Amersfoort, April 15, 2016

Dear Professor Ze-Mao Gong,

We are grateful for the opportunity to resubmit our manuscript with the title:

''Current status of laparoscopic and robotic ventral mesh rectopexy for external and internal rectal prolapse''

First of all we would like to thank the editor and reviewers for providing their highly insightful comments which enabled us to improve our manuscript. We want to express our appreciation for taking the time and effort to review our paper carefully.

This article is an invited contribution in the topic highlight series with the ID 00057816. In this revised manuscript the majority of the reviewer's questions and concerns have been addressed. Revisions in the text are shown yellow highlighting for additions, and strikethrough font for deletions. Our response to the commentary is illustrated point by point below.

We hope that the revisions to the manuscript will be sufficient to make our manuscript suitable for publication in the *World Journal of Gastroenterology.*

We look forward to hearing from you at your earliest convenience.

Sincerely yours,

Esther CJ Consten, MD, PhD

On behalf of all other authors of this manuscript,

Jan J. van Iersel, M.D.
Tim JC Paulides, MD
Paul M Verheijen, MD, PhD
John W Lumley, MD
Ivo AMJ Broeders, MD, PhD

POINT-BY-POINT RESPONSES TO COMMENTS

Step 1. Please revise your manuscript according to the reviewers' comments.

COMMENTS OF THE EDITOR

1 – Name of journal, ESPS manuscript number and type were adjusted (page 1).

2 – A running title was added (page 1).

3 – Postal codes were added (page 1).

4 – All abbreviations and references were checked and corrected if necessary.

5 – A conclusion was written (page 15).

6 – All tables were adjusted (page 27-29).

COMMENTS OF REVIEWER #1

Comment 1

This is a good narrative review, but could have been methodologically stronger had a true systematic review been performed.

Response 1

Thank you for the appreciation.

The reason we did not perform a true systematic review is because this is an article in the topic highlight series. The primary goal of a topic highlight, as defined by the World Journal of Gastroenterology, is to comment and discuss a series of hot topic articles (7-10 articles) that will help improve the diagnostic and therapeutic skills of readers. For this manuscript we decided to expand this number of articles to provide a complete overview of the current literature. This resulted in a selection of articles which is complete in our opinion, but was not performed according to the standards of a systematic review indeed.

Comment 2

The authors have highlighted many of the main controversies regarding indications, functional outcome, mesh type etc, but could have strengthened this section by alluding to the source of the concerns regarding mesh erosion, namely the FDA warnings on transvaginal mesh placement in 2011.

Response 2

The FDA report of 2011 was based on the plurality of complaints and adverse events in the FDA's Manufacturer and User Device Experience database and on a literature review. In the manuscript the systematic review of Abet et al, also cited in the FDA report, was used to express the concern of mesh

related complications after transvaginal pelvic organ prolapse repair. The reviewer is right referencing to the FDA report is an useful addition and therefore this section is adjusted (page 7).

Comment 3

There are other recent updated reviews that may be worth acknowledging, particularly with regards to the synthetic vs biologic debate (See Alam N et al Front Surg 2015).

Response 3

Thank you for this suggestion. The authors were aware of the review of Alam et al. but decided not to use it for the following reasons;

- The included article of Enríquez-Navascués et al. (ref. 23 of Alam et al.) is in Spanish.
- The included articles of Wahed et al. and Sileri et al. (refs 24 and 25 of Alam et al.) are also included in the review of Smart et al (2012). This review is described in the 'biological mesh' section of the manuscript (ref. 19). The functional results of these two studies were, however, not incorporated in the manuscript and were therefore added in this revised version (page 12, refs 67 and 68 of manuscript).
- The included articles of Powar et al. and Evans et al. (refs 26 and 27 of Alam et al.) were excluded for analysis because the studies did not differentiate between biological and synthetic mesh in the results.
- The included article of Sileri et al (ref 28 of Alam et al.) was already included in the manuscript (ref 65).

In addition to the included articles of the review of Alam et al., we describe the results three studies using biological mesh (Franceschilli et al., Ogilvie et al. and Mehmood et al.).
Finally, the 'biological mesh' section of the manuscript was slightly adjusted incorporating the study of Evans et al. (ref 20) in describing mesh erosion after use of a biological graft (page 12).

Comment 4

There are also other RCTs ongoing that should be mentioned, most notably the UK NIHR HTA funded CapaCITY 3 trial
(https://ukctg.nihr.ac.uk/trials/trial-details/trial-details?trialNumber=ISRCTN11747152)

Response 4

The ISRCTN11747152 trial was added to the manuscript (page 15, ref 82)

COMMENTS OF REVIEWER #2

Comment 1

I read with interest your paper and I can state that it allows to expand the understanding knowledge in this controversial field.

Response 1

Thank you for this comment.

Comment 2

I think that some key-points should be elucidated: 1)the readers of your article will be on the one hand a useful update on the advantages and disadvantages of one approach over the other but on the other hand are not able to easily figure out how choose for instance an abdominal approach compared to a transanal. To this it has been published an article by Festen et al(Controversy of symptomatic internal rectal prolapse: suspension or resection . Surg End , 2011; 25: 2000-2003). In this review it has been emphasized the role of an accurate workup in choosing the correct surgical approach. Thus, it should be noted that so far published studies do not always take into account this selection bias that obviously influence outcome. Also it must be said that many surgeons are often only a procedure (or abdominal or transanal route), irrespective of the clinical assessment.

Response 2

Thank you for this constructive comment and interesting article.
The variety of procedures and the heterogeneity of studies makes it difficult to determine the optimal surgical technique for rectal prolapse syndromes. However, it was not the scope of this article to present a review describing the advantages and disadvantages of the different procedures. This article was purely meant to present a synopsis of the current status of ventral mesh rectopexy.
In the 'future research' section, the survey of Formijne Jonkers et al. is quoted to show that there is no uniformity for the treatment of rectal prolapse syndromes. To emphasize that ventral mesh rectopexy is not the only available technique, two sentences at the beginning of the 'future research' section were added (page 14). In addition, a sentence and reference about the article of Festen et al. was supplemented (page 14, ref 75).

Comment 3

2) The use of the robot is an alternative method to the laparoscopic approach. The authors should stress that the studies observed in the review does not offer a benefit greater than that; moreover, the costs are higher than laparoscopic. Overall, the use of Robot must take into account this aspect.

Response 3

The reviewer is right. Based on the currently available data no superiority of either technique can be determined. In addition, RVMR is more expensive in the short-term. Both statements are incorporated in the discussion (page 13/14). To further emphasized the higher costs of the robotic procedure, the article of Heemskerk et al. (ref 72) and a sentence were added to the discussion (page 13).

COMMENTS OF REVIEWER #3

Comment 1

Current status of laparoscopic and robotic ventral mesh rectopexy for external and internal rectal prolapse Thank you for the opportunity of reviewing this paper

Response 1

Thank you for reviewing this paper and for the your comments.

Comment 2

This is a comprehensive review of the literature related to Ventral Rectopexy I have very few comments A description of the procedure should be considered

Response 2

We choose not to include a full description of the procedure to keep the manuscript succinct. A brief reference to a clear description of the procedure by D'Hoore et al. was added to the 'selection of used literature' section (page 6).

Comment 3

Although the review does not aim at comparing the two techniques there is no intraoperative data.

Response 3

Table 1 (page 27) includes intra-operative complications and conversion rate of both techniques. However, other intraoperative data (time, blood loss etc.) is not shown indeed. Because of the large quantity of information in the current version, we choose not to add this data to the manuscript.

Comment 4

There are many abbreviations consider a table

Response 4

A table was added (page 2).

Step 2. Please update the manuscript according to the Guidelines and Requirements for Manuscript Revision-Topic Highlight.

We updated the manuscript according to the guidelines and requirements for Manuscript Revision-Topic Highlight.

Step 3. Please provide an Audio Core Tip.

An audio clip of the core tip was recorded and uploaded via the EPSP system (.mp3).

Step 4. Please subject the manuscript to CrossCheck analysis and the final title to Google Scholar search, and store screenshot images of the results.

The manuscript underwent analysis to check for plagiarism and a Google Scholar search.

Since our institution does not have a *CrossCheck* licence, another tool to prevent to prevent scholarly and professional plagiarism was used (Plag tracker). The corresponding screenshots are uploaded via EPSP system.

Step 5. Please provide the files related to academic rules and norms.

A conflict-of-interest statement is incorporated in the manuscript (page 1). All necessary forms including the conflict of interest statements were completed and attached.

Step 6. Please provide the approved grant application form(s) or funding agency copy of any approval document(s)/letter(s).

Not applicable.

Step 7. Please revise the language of your manuscript.

The manuscript was completed and proofread by our co-author Dr. John W Lumley. Dr. Lumley is a native speaker and Colorectal Surgeon with a special interest in pelvic floor dysfunction in the Wesley Hospital in Auchenflower, Australia. A language certificate is provided as attachment. In addition, a letter to the editor concerning the language editing was included in the ESPS.

Step 8. Please sign the Copyright Assignment form.

The Baishideng publishing group INC Copyright Assignment was completed and uploaded in the ESPS.