

ANSWERING REVIEWERS

October 20, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 329-review.doc).

Title: Short-term outcomes of laparoscopic total mesorectal excision compared to open surgery

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Name of Journal: *World Journal of Gastroenterology*

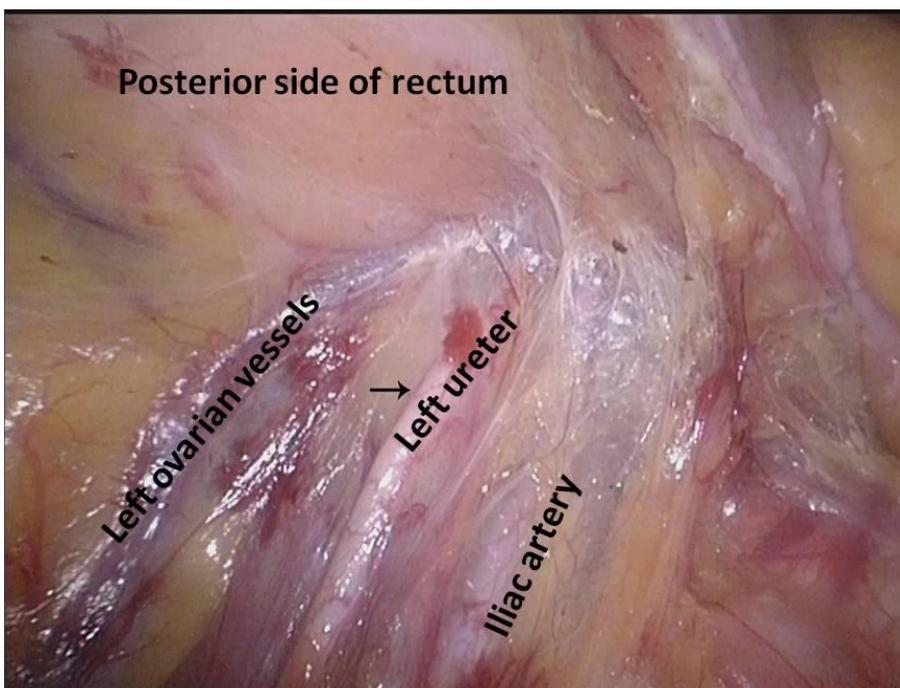
ESPS Manuscript NO: 429

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

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) Here we marked the shape and location of the intersigmoid recess.



(2) It is of vital importance for the surgeons to achieve an oncologic adequacy as well as a satisfying functional outcome. Especially the oncological outcome is of paramount importance. Technical and technological development have led to an increase in sphincter preserving surgery worldwide[1]. In our series the sphincter-preserving rate was significantly higher in LTME. This might own to the fact that LTME provides the surgeon with a much flexible operating space and allows them to dissect more easily down to the pelvic floor especially for patients with deep,

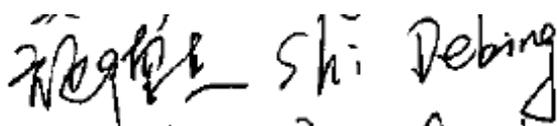
narrow pelvis. This clear, magnified and direct view has never been appreciated during OTME [2]. Nonetheless study had shown that having a deep, narrow pelvis with a large tumour would still complicate the LTME procedure and prolonged the operating time but it would not affect postoperative outcomes [3]. The introduction of linear endoscopic cutting stapler also guarantees a more satisfying distal transection. Even when the sphincters resection was inevitable, these advantages will still facilitate the pelvic surgery. Similar result was reported by Gezen C et al. with a higher rate of neoadjuvant chemoradiation treated patients in LTME group [4]. However, these advantages were not found by the largest series of rectal laparoscopic rectal surgery, of 612 patients, led by Zheng et al [5]. It's noteworthy that an increased rate of APR was observed in LTME in a relatively small series of Greece patients with mid and rectal cancer. This might be explained by its significantly lower location of tumours in LTME [6].

Recently intersphincteric resection (ISR) has been proposed as an alternative to APR for patients with very low rectal cancer [7]. ISR represents the most extreme form of sphincter preserving surgery in which part, or all, of the internal sphincter is resected. It might be appropriate for certain patients (tumour locates <2 cm from the sphincter complex and is confined to the rectal wall). Combined with laparoscopy ISR has been evolving quickly and has delivered some promising results. We are paying close attentions to this area and would like to launch a few studies.

3 References and typesetting were corrected

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

Sincerely yours,



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