



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 50769

**Title:** Preventive strategies for anastomotic leakage after colorectal resections: A review article

**Reviewer’s code:** 03253780

**Reviewer’s country:** Sweden

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-08-09 11:34

**Reviewer performed review:** 2019-08-09 12:10

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input checked="" type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

This is a review on preventative strategies for colorectal anastomotic leak, focussing on intraoperative decision-making. I have several comments. 1. Abstract Method does not state whether this is a systematic or narrative Review, there's also no results section.



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Please revise. 2. Introduction Many references are quite old and partly outdated. For newer population-based data on at least rectal cancer surgery, see Bostrom et al BJS Open 2018 (PMID: 30734021) and Holmgren et al Colorect Dis 2017 (PMID: 28612478) The main problem with the introduction is that there is no stated rationale for focussing on preventative measures. There needs to be a narrative here explaining to the reader why this subject is in need of a review. 3. Main text Regarding ICG/NIR, there are important references missing, not the least one recent RCT (de Nardi PMID 30903276) and one large multicentre observational study (Ris BJS PMID 29663330). Regarding "Preventive measures", it is in my view incorrect to state that there's no superior preventive method in the authors' list of measures, as e.g. pelvic drain are proven not to work (level 1 evidence), while stomas at least work to prevent early symptomatic leaks (level 1 evidence, see MAtthiessen 2007 Ann Surg). Regarding reconstruction type, the recent Swiss trial should be cited as level 1 evidence (Marti et al Ann Surg 2018). 4. Conclusion I do not think, as stated already above, that the conclusion about no superiority is justified. At least diverting stomas have a proven effect, at least when evaluating early symptomatic leaks. The authors should be clearer about the definition of anastomotic leak in this review, whether it is early/late, symptomatic/asymptomatic, requiring reintervention or not. Otherwise, the reader is left in the dark whether about the review conclusions.

#### INITIAL REVIEW OF THE MANUSCRIPT

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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 50769

**Title:** Preventive strategies for anastomotic leakage after colorectal resections: A review article

**Reviewer's code:** 03563654

**Reviewer's country:** United States

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-08-10 10:53

**Reviewer performed review:** 2019-08-10 11:00

**Review time:** 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
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<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer's expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input type="checkbox"/> Advanced
		<input type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

well written manuscript. i have few suggestions. 1- what is the most related risk factor for anastomosis leakage? 2- "anastomosis leakage may have severe morbidity" (Isık, A., et al. "Rectal lymphoma." Turkish Colon Rectum Surgery Journal 25 (2015): 106-8.) and



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(Isik, Arda, et al. "Effectiveness of manual knotting at laparoscopic appendectomy." Gazi Medical Journal 27.1 (2016): 19-20.) I suggest both of these uptodate studies for the references.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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##### ***BPG Search:***

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**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 50769

**Title:** Preventive strategies for anastomotic leakage after colorectal resections: A review article

**Reviewer’s code:** 02445553

**Reviewer’s country:** Sweden

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-08-09 18:17

**Reviewer performed review:** 2019-08-12 04:47

**Review time:** 2 Days and 10 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input checked="" type="checkbox"/> Grade C: A great deal of	(General priority)	Peer-reviewer’s expertise on the
<input type="checkbox"/> Grade E: Do not	language polishing	<input type="checkbox"/> Minor revision	topic of the manuscript:
publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Major revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Rejection	<input type="checkbox"/> General
			<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

There is no title page in the manuscript. There is no mention of the role of laser Doppler flowmetry to determine the microperfusion in the anastomotic area, a major deficit. The main problem is that, despite a comprehensive review on the subject, there



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are very few attempts to evaluate the different reports on each part of the subject and discriminate between important and less important studies. The authors' list of references 34 and 62 must be shortened according to general principles.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

##### ***Google Search:***

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##### ***BPG Search:***

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- Plagiarism
- No



**PEER-REVIEW REPORT**

**Name of journal:** World Journal of Meta-Analysis

**Manuscript NO:** 50769

**Title:** Preventive strategies for anastomotic leakage after colorectal resections: A review article

**Reviewer’s code:** 02978065

**Reviewer’s country:** China

**Science editor:** Ying Dou

**Reviewer accepted review:** 2019-08-11 02:09

**Reviewer performed review:** 2019-08-18 10:27

**Review time:** 7 Days and 8 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	<input type="checkbox"/> Accept	Peer-Review:
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	(High priority)	<input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Grade C: Good		<input type="checkbox"/> Accept	<input type="checkbox"/> Onymous
<input checked="" type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	(General priority)	Peer-reviewer’s expertise on the topic of the manuscript:
<input type="checkbox"/> Grade E: Do not publish	<input type="checkbox"/> Grade D: Rejection	<input type="checkbox"/> Minor revision	<input checked="" type="checkbox"/> Advanced
		<input checked="" type="checkbox"/> Major revision	<input type="checkbox"/> General
		<input type="checkbox"/> Rejection	<input type="checkbox"/> No expertise
			Conflicts-of-Interest:
			<input type="checkbox"/> Yes
			<input checked="" type="checkbox"/> No

**SPECIFIC COMMENTS TO AUTHORS**

For now, anastomotic leakage remain to be the most frustrating and feared complication of colorectal surgery. Factors related to the surgical procedure, such as the surgeon’s skill and quality, location of the anastomotic site, blood flow to the anastomosis, tension



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on the anastomosis, contamination of the operative field, blood loss, and bowel preparation, are associated with leakage. Factors related to the patient, such as gender, smoking, obesity, diabetes, chronic co-morbidities, ASA status, and neo-adjuvant therapy, are also associated with leakage. This study reviews the current progress on the intraoperative assessment of anastomotic integrity and measures to prevent anastomotic leakage. The method used for preventing anastomotic leakage is also affected by the local medical environment, medical system and doctor-patient relationship.

#### **INITIAL REVIEW OF THE MANUSCRIPT**

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