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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 58627

Title: Endoscopic radial incision and cutting technique for treatment-naive stricture of colorectal anastomosis: Two case reports

Reviewer's code: 03529802
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Research Associate
Reviewer's Country/Territory: Japan
Author's Country/Territory: South Korea

Manuscript submission date: 2020-07-30
Reviewer chosen by: AI Technique
Reviewer accepted review: 2020-07-30 13:06
Reviewer performed review: 2020-08-15 18:41
Review time: 16 Days and 5 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

The authors suggested that RIC of the novel approach to colorectal anastomotic stenosis may be a first choice over other therapies in particular cases. Methodology was based on previous reports and would be good. Follow up period was enough to confirm that the procedure was successful in both cases. Case presentations were good overall. They also reviewed various treatment options for colorectal anastomotic stenosis in detail, both surgical and endoscopic. However, I do not think the authors could reach the conclusion of this article from only these two cases. There were several conserns as follows. Major 1. At the beginning of the Conclusion section on page 12, you mentioned 'this is the first report that the endoscopic RIC using a single radial incision and single session is the successful management for treatment-naïve AS.' Whereas, your idea of applying RIC as a first choice treatment for these two cases might have been obtained from prior five successful cases (page 12, line4). These two sentences were mutually inconsistent. 2. One of the reasons that many past papers have indicated RIC applyed to refractory cases was that most colorectal anastomotic stenosis was sufficiently treated by single or a few sessions of endoscopic ballon dilation which is with ease and safety. The two cases in this report could also have been successfully treated by balloon dilation alone. How do you consider about this issue when you say RIC should be the first choice for these cases? 3. This article was merely two successful cases report drawing on past successful examples. We cannot conclude wheter RIC should be the first choise or which case was suitable for RIC without analizing success rates from a randomized controlled study comparing with other treatment options. Minor 1. On page 10, line 13 of the Discussion section, please add complecation rate (from x% to y%) of endoscopic or instrumental dilatation. 2. On page 10, 2nd. line from the bottom, please add the reference number (13) after the sentence 'Asayama et al. performed endoscopic RIC for

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AS of the transverse colon and sigmoid colon.’ 3. On page 5, line 13 of the Introduction section, the reference number of Garcea’s paper is 16, not 14.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 58627

Title: Endoscopic radial incision and cutting technique for treatment-naive stricture of colorectal anastomosis: Two case reports

Reviewer's code: 03529802
Position: Peer Reviewer
Academic degree: MD, PhD
Professional title: Research Associate
Reviewer's Country/Territory: Japan
Author's Country/Territory: South Korea

Manuscript submission date: 2020-07-30
Reviewer chosen by: Jin-Lei Wang
Reviewer accepted review: 2020-10-09 03:11
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Review time: 4 Hours

Scientific quality	[Y] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

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The paper is better and easier to understand with the revision. You were particular about single incision in revised comment. However, I do not understand why you emphasized the single incision was better than two or more incisions. I understood your suggestion that single incision may be sufficient for a successful procedure from these two cases, but I do not think multiple incisions can make the procedure much longer or more dangerous. If you will still describe the priority of single incision, you should clarify what is the advantage over multiple incisions in the discussion section. In your response for the previous my comment #3, I would rather recommend you to mention that 'Due to the limitations of two cases study, large-scale clinical trials are needed to prove the feasibility, efficacy and safety of the endoscopic RIC as an initial treatment for such patients.' I agree with your other response comments.