



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 60269

Title: Pure transvaginal natural orifice transluminal endoscopic surgery right hemicolectomy for colon cancer: A case report

Reviewer’s code: 05186738

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor, Chief Physician, Director, Surgeon, Surgical Oncologist

Reviewer’s Country/Territory: China

Author’s Country/Territory: China

Manuscript submission date: 2020-10-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-10-29 11:44

Reviewer performed review: 2020-11-04 15:48

Review time: 6 Days and 4 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Song et al. showed us a case report of vNOTES right hemicolectomy for colon cancer. The paper was well written and the video was good. I listed a few small points to improve the quality of this paper: 1. In the abstract, BACKGROUND section, the authors pointed out that the NOTES for CRC is a complex procedure and rarely used in clinical practice for the technical challenges including loss of triangulation, in-line orientation, and instrument collision. However, to our opinion, its limited application are not only due to technical challenges, but also to ethical concerns. 2. Based on a case with short-term outcomes, the authors could not draw a conclusion as “vNOTES right hemicolectomy, performed by well-experienced surgeons, overcomes the technical challenges of pure NOTES and is feasible for colon cancer. “. As we known, a phase 2 clinical trial in China is carrying out to prove the feasibility and safety of hybrid NOTES application in colon cancer. 3. There are some repeated contents, such as time to drink water and soft diet. 4. As we known, Fu et al. have presented a video article of hybrid NOTES for a case with sigmoid colon cancer in Surgical Oncology. 5. Ethical concerns should be mentioned in the DISCUSSION section. The advantages of intracorporeal anastomosis should also be discussed.



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 60269

Title: Pure transvaginal natural orifice transluminal endoscopic surgery right hemicolectomy for colon cancer: A case report

Reviewer's code: 05251416

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Singapore

Author's Country/Territory: China

Manuscript submission date: 2020-10-29

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-11-01 07:34

Reviewer performed review: 2020-11-07 03:34

Review time: 5 Days and 20 Hours

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



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SPECIFIC COMMENTS TO AUTHORS

I'd like to congratulate the authors for demonstrating the feasibility of a vNOTES approach for resection of an ascending cancer with extracorporeal anastomosis in this patient. This technically challenging approach is performed well and the technique is obviously honed from many cases of doing single port abdominal surgery. I am glad to know the patient did well and was discharged without incident. I do however have some comments to make about this report, which perhaps the authors may want to include to some extent in the main paper:

1. Single port surgery is a technically challenging skill set, based on current instrumental limitations. Thus the subset of surgeons that will be able to even consider to do this approach will be only a small handful and perhaps only a few would be able to do this on a regular basis. This limits the applicability of this topic to even the colorectal surgeons
2. I am concerned about the need to ligate the middle colic vessels in the view that this patient has an ascending colon cancer. Frequently we only ligate the middle colic artery when we deal with hepatic flexure and distal lesions - I understand that this has to be done for length to allow an extracorporeal anastomosis (if not the transverse colon cannot be delivered transvaginally) - however I am concerned that it is unnecessary ligation of a vessel that potentially may lead to anastomotic problems.
3. Based on the technique there are only 2 instruments being used in the surgery. This leads to a rather inadequate approach to traction and countertraction, and I feel there may be difficulties in more anatomically challenging patients (eg obese) to be able to do this safely. Furthermore with the close dissection of major vessels - any bleeding will be difficult to deal with if it occurs. Also the ability of performing an intracorporeal anastomosis will be very limited with only 2 instruments.
4. Perhaps the use of a robotic system (such as the DaVinci SP) may be a good alternative to attempt this procedure via a NOTES procedure. I wonder if the



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authors have any experience in this?



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 60269

Title: Pure transvaginal natural orifice transluminal endoscopic surgery right hemicolectomy for colon cancer: A case report

Reviewer's code: 03805206

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2020-10-29

Reviewer chosen by: Xi-Fang Chen (Part-Time Editor)

Reviewer accepted review: 2020-11-11 23:27

Reviewer performed review: 2020-11-12 05:38

Review time: 6 Hours

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



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SPECIFIC COMMENTS TO AUTHORS

In the manuscript entitled “Transvaginal natural orifice transluminal endoscopic surgery (vNOTES) right hemicolectomy for colon cancer: Case report and surgical video,” the authors present a case of pure vNOTES for ascending colon cancer. I read your document with interest. There are a few comments. [1] I think it is better to emphasize that this case report is pure vNOTES throughout the title, abstract, main text. [2] There have been several reports of hybrid NOTES for colorectal cancer including the left or right-sided colon. I think that you should make a comparison between the pure NOTES and the hybrid NOTES for colon cancer in the discussion section. [3] You should describe the indications and limitations of pure NOTES for the right-sided colon in the discussion section. [4] How many cases of pure NOTES for right-sided colon cancer were performed at your institution? I think it is better to report it as Case series. [5] I think you should show the gravidity and parity in this case.



PEER-REVIEW REPORT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 60269

Title: Pure transvaginal natural orifice transluminal endoscopic surgery right hemicolectomy for colon cancer: A case report

Reviewer's code: 04336657

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Slovenia

Author's Country/Territory: China

Manuscript submission date: 2020-10-29

Reviewer chosen by: Xi-Fang Chen (Part-Time Editor)

Reviewer accepted review: 2020-11-11 21:49

Reviewer performed review: 2020-12-06 13:41

Review time: 24 Days and 15 Hours

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



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SPECIFIC COMMENTS TO AUTHORS

Congratulations for an excellent surgery and a concise presentation of an interesting case. This should certainly be published. My only concern regarding discussion is that information is missing on possible future patient selection. This was a case of underweight (BMI<18.5) female that was not particularly tall. Would higher BMI or smaller/larger height influence the possibility of transvaginal NOTES hemicolectomy or demand different instruments?



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 60269

Title: Pure transvaginal natural orifice transluminal endoscopic surgery right hemicolectomy for colon cancer: A case report

Reviewer's code: 03805206

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2020-10-29

Reviewer chosen by: Chen-Chen Gao

Reviewer accepted review: 2020-12-23 05:59

Reviewer performed review: 2020-12-25 09:24

Review time: 2 Days and 3 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS



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The authors have revised aptly most of the issues pointed out by the reviewers.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Clinical Cases

Manuscript NO: 60269

Title: Pure transvaginal natural orifice transluminal endoscopic surgery right hemicolectomy for colon cancer: A case report

Reviewer's code: 05186738

Position: Peer Reviewer

Academic degree: MD

Professional title: Associate Professor, Chief Physician, Director, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: China

Author's Country/Territory: China

Manuscript submission date: 2020-10-29

Reviewer chosen by: Chen-Chen Gao

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Review time: 5 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
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SPECIFIC COMMENTS TO AUTHORS

The authors answered all my questions.