



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 63432

Title: Rectovaginal Fistula after Low Anterior Resection: Prevention and Management

Reviewer's code: 05346507

Position: Editorial Board

Academic degree: MD

Professional title: Associate Professor

Reviewer's Country/Territory: United States

Author's Country/Territory: Thailand

Manuscript submission date: 2021-01-28

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-01-29 01:35

Reviewer performed review: 2021-01-31 01:34

Review time: 1 Day and 23 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 Grade E: Do not publish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 type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input checked="" 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

The authors have presented a review of risk factors, evaluation, management, and outcome of patients who develop rectovaginal fistula as a complication of low anterior resection. The article does a reasonably good job in discussing contemporary literature on this topic. I would suggest the following addendum/edits: 1. Please include a table summarizing the major studies utilizing various treatment modalities and the reported outcome in these studies. 2. Figure 2 looks busy and difficult to follow. It needs editing to enhance visual esthetics. 3. Language, punctuation, and grammar need attention. Please see the examples below- a. In the introduction section: ‘This article comprehensively reviews an overview of incidence, risk factors, management and outcome of RVF after low anterior resection.’ Preventive strategies and management algorithm are also discussed.’ Changed to- ‘This article presents a comprehensive overview of incidence, risk factors, management, and outcome of RVF resulting from a low anterior resection.’ b. The ‘Core tips’ section has been edited as follows: Core tips: The current article provides a comprehensive overview of incidence, risk factors, presentation, evaluation, management, and outcome of the patients with rectovaginal fistula resulting from low anterior resection. Notably, the therapeutic options and results are influenced by several factors, including the size and location of the fistula, tumor clearance, cancer staging, quality of colorectal anastomosis, surrounding tissue, presence of diverting stoma, previously attempted repair, and surgeon’s experience. Strategies to prevent rectovaginal fistula formation after rectal cancer surgery have also been discussed. A decision-making algorithm for managing this complication is proposed at the end of the article.



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 63432

Title: Rectovaginal Fistula after Low Anterior Resection: Prevention and Management

Reviewer's code: 03210360

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Thailand

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-01-29 01:40

Reviewer performed review: 2021-02-04 07:31

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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 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

1 Title. Does the title reflect the main subject/hypothesis of the manuscript? Yes. 2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? Yes. 3 Key words. Do the key words reflect the focus of the manuscript? Yes. 4 Background. Does the manuscript adequately describe the background, present status and significance of the study? Yes. 5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? Yes. 6 Results. Are the research objectives achieved by the experiments used in this study? What are the contributions that the study has made for research progress in this field? Yes. 7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? Yes. 8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? Yes. 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? No. 10 Units. Does the manuscript meet the requirements of use of SI units? Yes. 11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections? Does the author self-cite, omit, incorrectly cite and/or over-cite references? Yes. 12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? Is the style, language and grammar accurate and appropriate? Yes. 13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study,



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Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. Did the author prepare the manuscript according to the appropriate research methods and reporting? Yes. 14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? Yes.

The authors comprehensively cover an overview of incidence, risk factors, presentation and evaluation, management, and treatment outcomes of rectovaginal fistula after low anterior resection. Notably, these therapeutic options and outcomes are influenced by several factors, such as the size and location of the fistula, tumor clearance, cancer staging, quality of colorectal anastomosis and surrounding tissue, presence of diverting stoma, previous attempted repair, surgeon's experience, and so on. Finally, decision-making algorithm for managing rectovaginal fistula after low anterior resection is proposed. This is an interesting review. Before resubmitting the article, it's better to make some changes as follows. 1. In the section of MANAGEMENT, Conservative treatment, the author mentioned that the success rate of conservative treatment in 'highly-selected' patients was approximately 70%. Please explain in detail which type of patients were included in 'highly-selected' group? 2. In Figure 2, the author proposed small fistula size can be cured by conservative treatment. Small fistula size should be defined here. 3. In this review, management strategies for RVF had been mentioned, including Conservative treatment, Diverting stoma, Endoscopic treatment, Perineal procedures, Abdominal procedures. Are there any other treatment methods? 4. Decision-making algorithm for managing rectovaginal fistula after low anterior resection was proposed. I think it's really novel. How do you consider the role of patient's age



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and physical condition in making these decisions?