

## Point-by-point reply to Reviewers' comments

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors:

- I congratulate the authors for taking up the process of documenting such a useful technique. Overall, the manuscript complies with the standards of the scientific writing. However, I have certain suggestions to make the manuscript read better and acceptable to a larger scientific audience. **Reply: I would thank the reviewer for his comments. I appreciated the suggestions and found them very useful to improve the manuscript quality. I have revised the text accordingly.**
- Title: It can be shortened. I suggest "A novel technique of extracorporeal intrauterine morcellation after total laparoscopic hysterectomy- report of emblematic cases"  
**Reply: thank you for your suggestion. I have changed the title as indicated by you**
- Core tip: it is copy and paste of abstract section.  
**Reply: I have changed the core tip. The revised text is the following: "In presence of large uteri, to preserve minimally invasive surgery morcellation is required to allow removal of the specimens from the abdominal cavity. However, uncontained morcellation has been banned because of the possible spread of occult leiomyosarcoma. Therefore, a variety of tissue containment systems have been developed; in particular, in case of very large specimen the practice of in-bag extracorporeal morcellation has been tested. Herein, we describe a novel technique for extracorporeal intrauterine morcellation using the uterus outermost layer as a bag to achieve tissue extraction of very large uteri after total laparoscopic hysterectomy. Such technique showed to be feasible and safe; it may be adopted in surgical practice, as an additional alternative to the currently available techniques of contained morcellation."**
- Introduction: any previous attempts to cater to the problem can be highlighted in a brief review of literature.  
**Reply: I have added a brief review of the literature as indicated by you. See Introduction, page 4-5, text highlighted in yellow.**
- Imaging examination section heading can be reframed as "Imaging and examination findings"  
**Reply: I have reframed the heading as "Imaging and examination findings".**
- Similarly, final diagnosis section can be rephrased. presently, it looks more complicated language use.  
**Reply: I have rephrased the final diagnosis section as follows: "Very large fibromatous uteri (weight >500 g) with suspected occult leiomyosarcoma"**
- Detailed description of extracorporeal intrauterine morcellation technique: it is written explicitly.  
**Reply: Thank you**
- Discussion: I see that discussion is coming out as a weak part of your manuscript. Firstly, it is mostly a repetition of the lines used above. Then, you should compare your novel technique with previous work done in this regard (If any) and how your technique is superior. Then you should explicitly mention the challenges and bottle neck of using this technique. Then based on this witting, you

should finally give a recommendation to the readers. If there is a need for further scientific evaluation of the technique, then it should be highlighted.

**Reply:** I have compared my technique with previous ones and indicated as it can be a valid alternative (see revised text highlighted in yellow at page 7 and 8. I have also indicated the main challenges of our approach: “The main challenge of our procedure could be the timing needed to perform the morcellation that could be longest to other approaches”. Finally, I recommended that: “.....our technique may represent a valid alternative to the other procedures of contained morcellation and be especially useful in cases of very large uteri exceeding the capacity of specimen retrieval bags. It cannot represent the only method applicable for morcellation and the gynecological surgeons should be also familiar with the other techniques. “

Surely, further scientific evaluation of this technique is warranted, and I have indicated this in the revised text: “Further scientific evaluation of this technique in larger prospective studies is warranted.”

- Finally, it was disheartening to see that I could not open the video link as the session had expired. However, I would like to review it again.

**Reply:** I have attached again the link to download the videos

#### **Reply to Editorial comments:**

SCIENTIFIC QUALITY: Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to the issues raised in the peer review report. Authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and make point-by-point responses to the issues raised in the peer-review report(s).

**Reply:** I have resolved all issues based on the peer review report and I have attached below a point-by-point response to Reviewer’s comments.

LANGUAGE QUALITY: Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript’s language will meet our direct publishing needs.

**Reply:** I have resolved all language issues based on the peer review report. Please note that the manuscript has been edited by the Elsevier English language editing service (I have attached the certificate).

EDITORIAL OFFICE’S COMMENTS: Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: The manuscript describes a Case Report of the extracorporeal intrauterine morcellation. The topic is within the scope of the WJCC.

(1) Classification: Grade C;

(2) Summary of the Peer-Review Report: The manuscript complies with the standards of the scientific writing. The authors should compare the novel technique with previous work done in this regard. The questions raised by the reviewers should be answered

**Reply:** I have compared the novel technique with the previous work done in this regard (see the Introduction, page 4, and the Discussion, page 7, highlighted text). All the questions raised by the reviewers have been answered (see the point-by-point reply to reviewer’s comments attached below).

(3) Format: There is 1 figure;

(4) References: A total of 13 references are cited, including 1 reference published in the last 3 years

**Reply: I have added more recent references, including 5 published in 2020 and 2021.**

(5) Self-cited references: There are 3 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations (i.e., those that are most closely related to the topic of the manuscript) and remove all other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated

**Reply: According to you rules the revised manuscript includes only 1 self-cited reference (1 out of 31).**

(6) References recommendations (kindly remind): The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

**Reply: I did not find any request to cite improper references by the peer reviewer.**

2 Language evaluation: Classification: Grade B. A language editing certificate issued by ELSEVIER was provided.

3 Academic norms and rules: The authors provided the Written informed consent Form and CARE Checklist. No academic misconduct was found in the Bing search.

4 Supplementary comments: The study was supported by Associazione Sarda per la Ricerca in Ginecologia Oncologica. The topic has not previously been published in the WJCC.

5 Issues raised: (1) The authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);

**Reply: the manuscript was not supported by a funding agency grant. I have deleted the supportive information.**

(2) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor

**Reply: I have provided original figure documents in Power Point as indicated by you.**

(3) To obey the publication ethics and improve the protection of all patients' rights to privacy, the authors should provide the informed consent form on which the patient's name, address, birthday, address, ward, bed number, hospital number and other private information are obfuscated.

**Reply: I have provided an informed consent on which all private information are obfuscated.**

(3) Company editor-in-chief: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).

**Reply: I have shortened the title manuscript also considering the Reviewer's comment at this regard.**