

**RE: Commissioned ESPS Manuscript NO: 6912 entitled "Evolution and Future of Laparoscopic Colorectal Surgery" for World Journal of Gastroenterology,**

Author: Andreas M Kaiser

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 6912

Dear Editor,

Thank you for the valuable comments. The manuscript has been improved according to the suggestions of reviewers.

Please find enclosed the edited manuscript in Word format (file name: **2013 WJG - Evolution and future of laparoscopic colorectal surgery - AM Kaiser - revised.docx**).

**Response to reviewers:**

Reviewer 1:

With regard to the "missed or open research opportunities", since the indication of the laparoscopic surgery has been changed with the development of the device, it is indispensable to discuss about the development of the device including auto-suture and energy device.

*Response: added to the section before "colorectal surgery"*

The author summarized the research opportunities and the future, although the significance of the tissue specimen being retrieved from cancer region will not change in the future due to the heterogeneity of the morphology and genetic feature of the cancer. The information from the primary tumor will be more necessary when the recurrence occurred and individualized chemotherapy is planned. Therefore, it is not appropriate to comment the method of retrieving specimen by homogenizing in situ or by removing with the suction device even as a scientific fiction.

*Response: While I do not disagree with the reviewer at the PRESENT time, neither I nor the reviewer can know for sure how future medicine will evolve. I was alluding to a scenario that e.g. molecular fingerprints of a tumor would be extremely specific for staging, prognostic and predictive purposes. If that was hypothetically the case, we would not need a conventional specimen anymore. - SPECULATION/SCIENCE FICTION. I expanded the section a bit to make it more clear.*

Reviewer 2:

The author is questioning how much shorter laparoscopic procedures could be given the fact that hospital stay after open surgery is significantly reduced since the introduction of enhanced fast-track recovery protocols. In 2011, Vlug et al. published results from a randomised controlled trial comparing open and laparoscopic with or without enhanced

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recovery program in the Ann Surg, (Laparoscopy in combination with fast track multimodal management is the best perioperative strategy in patients undergoing colonic surgery: a randomized clinical trial (LAFA-study). Hospital stay could be reduced to a median of 5 days after laparoscopy in combination with FAST track protocol. Perhaps the author could take this into account.

Response: Thank you for the comment. Implemented in revision.

Another point I would like to address is the need for conversion. Various rates of conversion have been published. The author doesn't mention this subject in his manuscript. Conversion diminishes the "short-term" - advances of laparoscopy. The author doesn't mention the problems around conversion. Better outcomes can be obtained when the conversion rate could be decreased. The author may address the topic conversions.

Response: Thank you for the comment. Added another short paragraph.

The Future 1. However, the bulkiness of the machine as such, the fact that the surgeon's assistants at the table only see a 2-dimensional image, the cost and some recent data from other specialties : please add reference

Response: Thank you for the comment. Implemented in revision.

Thank you again for commissioning and publishing the manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Andreas M Kaiser, MD FACS FASCRS  
Professor of Surgery

