

## PEER-REVIEW REPORT

**Name of journal:** *World Journal of Surgical Procedures*

**Manuscript NO:** 88888

**Title:** Endoscopic Intermuscular dissection for locally advanced rectal cancer: First case report from New Zealand

**Provenance and peer review:** Unsolicited Manuscript; Externally peer reviewed

**Peer-review model:** Single blind

**Reviewer's code:** 02941314

**Position:** Peer Reviewer

**Academic degree:** MD, PhD

**Professional title:** Doctor, Associate Professor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** New Zealand

**Manuscript submission date:** 2023-10-13

**Reviewer chosen by:** Yu-Lu Chen

**Reviewer accepted review:** 2023-10-15 07:52

**Reviewer performed review:** 2023-10-19 13:00

**Review time:** 4 Days and 5 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 Grade E: Do not publish
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation

<b>Scientific significance of the conclusion in this manuscript</b>	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	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

I have read the manuscript carefully and found it interesting and informative. The manuscript reports the first case of endoscopic intermuscular dissection performed in New Zealand for a rectal cancer with suspected deep submucosal invasion. This is a novel technique that can achieve deeper resection and higher R0 resection rate for patients with early rectal cancer. This technique may also provide an alternative option for patients who are not fit for radical surgery or chemoradiotherapy, with less complications and shorter recovery time. However, this technique also has some limitations and challenges, such as the requirement of high-level endoscopic skills and experience, the risk of positive deep margin, and the need of further treatment in some cases. The manuscript is well-structured and well-referenced, and provides valuable information for scholars and clinicians in this field. However, I have some major and minor comments that need to be addressed before the manuscript can be accepted for publication. Major consideration: 1. The introduction that explains the differences and connections between endoscopic submucosal resection and endoscopic intermuscular dissection in terms of principles, techniques, and effects are needed in the

introduction or discussion section. 2. The discussion did not mention the follow-up plan and evaluation indicators of patients after receiving long-course chemoradiotherapy, as well as possible complications and countermeasures. 3. A puzzling question is whether the patient, who showed high grade dysplasia on his two biopsies, had other evidence suggesting an invasive cancer for which radical surgery was indicated? 4. Figure 3, the necessary indicator arrows are needed. It is better if there can be a partially enlarged image. A schematic would be nice. Minor points: Paper polishing is required. I can't enumerate all the mistakes, just to give a few examples. Please check the format of the full text. 1. The line numbers are missing and I can't even pinpoint where the mistake is. 2. The typeface throughout the manuscript is confusing, as if it were a substandard college assignment. 3. Introduction section, paragraph 2, "More recent data however suggests that the depth of SM invasion is not an independent risk factor of lymph node metastasis (LNM) in T1 colorectal cancer". In this sentence, "however" should be placed at the beginning or end of the sentence and separated by commas open. 4. Discussion section, paragraph 1, "It is a new technique where dissection is carried out of the inner circular muscle layer in the intermuscular plane keeping the outer longitudinal layer in the rectum intact." A "while" before keeping would be better. 5. Discussion section, paragraph 1, "This study included 207 non-curative ESD and showed the tumour recurrence and disease specific survival rates were similar in patients who had radical surgery vs those who were followed up with endoscopy after a median follow-up of 30 months". "non-curative ESD" should be changed to "non-curative ESD cases", "followed up with endoscopy" should be changed to "followed up by endoscopy". I hope that the authors will consider my comments and suggestions seriously and revise their manuscript accordingly. I look forward to seeing an improved version of their manuscript soon.