

## ANSWERING REVIEWERS

December 20, 2012

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1202-review.doc).

**Title:** Laparoscopic total mesorectal excision with natural orifice specimen extraction

**Author:** Quan Wang, Chao Wang, Dong-Hui Sun, Punyaram Kharbuja, Xueyuan Cao

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 1202

**To Reviewer 00068125**

This is a really excellent work from surgeons experienced in laparoscopic and NOTES procedures.

However, some points need further clarification:

1. Please explain more sufficiently how the specimen is extracted transannally, which is not clear enough. You state that distal rectum is irrigated and divided, but do not mention anything about rectal stump opening for passing of the specimen and reclosure. Additionally, you should mention how do you insert the anvil in the abdomen and how is it inserted in the proximal stump (purse string?).

We agree this comment.

The more detail description about trans-anal procedures has been added in the Method part.

Please see Page8, lines 7-17 .

2. Language revision from a professional linguist is necessary for minor changes, as this is a manuscript that will be internationally read and will have impact on surgery practices.

We agree this comment.

The language has been revised by an English professional linguist.

**To Reviewer 00043826**

2. The authors have mentioned repeatedly that Lap TME with N.O.S.E. is associated rapid recovery. It could be better if the authors could provide any data from your institute showing the recovery

parameters of this approach is superior to those of Lap TME with transabdominal incision. Otherwise, this paper could only conclude that N.O.S.E is technically feasible for Lap T.M.E.Finally, the authors are to be congratulated to bring this innovative approach to the minimally invasive surgery with some useful technical notes.

We agree this comment. This study is a retrospective investigation.

A well designed random control trail (NOSE group *vs.* trans-abdominal incision group) is needed in future.

3. References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in blue ink that reads "Xueyuan Cao," with a comma at the end.

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