

## PEER-REVIEW REPORT

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

**Manuscript NO:** 35344

**Title:** Short-term clinical outcomes of laparoscopic vs open mesorectal excision for rectal cancer: A systematic review and meta-analysis

**Reviewer's code:** 00043396

**Reviewer's country:** Singapore

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-07-29

**Date reviewed:** 2017-07-31

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a very up to date review of laparoscopic versus open rectal resection for cancer. It is well written and thoroughly researched. As such it adds to the current literature and many readers will find it of interest.

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**Manuscript NO:** 35344

**Title:** Short-term clinical outcomes of laparoscopic vs open mesorectal excision for rectal cancer: A systematic review and meta-analysis

**Reviewer's code:** 00071777

**Reviewer's country:** Spain

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-08-11

**Date reviewed:** 2017-08-16

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Thank you for the opportunity to review this paper. Overall, this work describes a current systematic review and meta-analysis review of short-term clinical outcomes of laparoscopic vs open surgery for rectal cancer based on randomized clinical trials only. There are numerous publications from the past two decades that have evaluated and compared laparoscopic and open rectal cancer surgery. Since the first laparoscopic rectal resections in the early 90s, the technique has had and still has controversial points, including intraoperative and postoperative complications and outcomes. Most of the clinical results are already known but the paper is interesting because it is a review with a good study design, eligibility criteria and quality assessment. I have a few suggestions: It should be interesting to mention, at least in the Discussion section, the technique of transanal total mesorectal excision (TaTME) as an emerging new tool in rectal cancer surgery. Regarding clinical outcomes, it would be also be important to

include percentages of rectal perforation and conversion in the laparoscopic group if they are available. Some grammatical and syntax errors should be corrected.

## PEER-REVIEW REPORT

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

**Manuscript NO:** 35344

**Title:** Short-term clinical outcomes of laparoscopic vs open mesorectal excision for rectal cancer: A systematic review and meta-analysis

**Reviewer's code:** 02486710

**Reviewer's country:** United States

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-08-11

**Date reviewed:** 2017-08-22

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Thank you for the opportunity to review this paper. This paper evaluates the well-known part of the issue (lap vs open for rectal cancer). The study design is good Grammatical and syntax errors should be corrected. Introduction is too long for a well-known topic the ongoing issue is the efficiency of laparoscopic surgery to treat rectal cancer. I would just remove the first paragraph of the paper. Possible issues of the laparoscopy RCT s should be included including having different type of surgeons, some of them had high conversion rates. Discussion reviews the well know data please start with your main finding and shape it up with a planned manner Again the current problem is the oncological safety, recovery benefits of laparoscopy is well known, please mention about the novelty of the paper. What is new in the report Please convince us about the novelty of the paper

## PEER-REVIEW REPORT

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

**Manuscript NO:** 35344

**Title:** Short-term clinical outcomes of laparoscopic vs open mesorectal excision for rectal cancer: A systematic review and meta-analysis

**Reviewer's code:** 00041966

**Reviewer's country:** Italy

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-08-11

**Date reviewed:** 2017-08-23

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
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<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Major revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

This is a very interesting meta-analysis on short term comparing laparoscopic and open rectal resection for rectal cancer. The manuscript is well written and comprehensive, the statistical analysis is complete. The analysis includes both total and partial mesorectal excision and this is not clear in the title that could possibly be changed in "Short-term clinical outcomes of laparoscopic vs open rectal excision for rectal cancer: A systematic review and meta-analysis"