



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 37188

Title: The Evolution of Transanal Total Mesorectal Excision for Rectal Cancer: From Top to Bottom

Reviewer's code: 02579110

Reviewer's country: Australia

Science editor: Li Ma

Date sent for review: 2017-11-25

Date reviewed: 2017-12-03

Review time: 8 Days

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 checked="" type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" 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

Manuscript 37188 Comments to authors This is a well written and interesting paper and more balanced than previous similar publications. I have a few minor corrections and requests for expansions. Some of the authors by their email addresses are part of the AIS Channel which has been promoted in the review and as such should be mentioned in the potential "Conflict- of- interest statement." The authors wisely in the document have stated the need for controlled clinical trials as the next step as has been done in laparoscopic and robotic rectal cancer surgery. This should be reiterated in the conclusions. Mention of who will lead these and when these trials may start would be relevant particularly with the learning curve mentioned as being 20 cases and that the largest pooled review of the international database is only more than 700 cases? The 10% quoted urethral injury rate is really quite concerning and what do the authors think is



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acceptable as this is close to zero in other techniques such as open or laparoscopic trials? Given this extremely concerning figure the authors should also raise the concern of urethral sphincter damage and risks of incontinence and urinary dysfunction which would go inherently with any procedure that has this concerning full injury rate. The authors should discuss what would be the primary and secondary outcomes of a future or planned controlled trial as it is not ethically justified to start a new technique for a common cancer with such potential positive and negative outcomes without this trial? For those that have been doing the technique the importance of the pursestring cannot be underestimated as the risk for leakage of cancer cells and liquid stool is a major concern for most. Can the authors give some data on techniques to minimise risk and is there any published incidence of leakage during the procedures? Similarly can the authors also discuss the potential for implantation of cancer cells and/or bacteria inherent in a transanal dissection platform presacral spaces? As the move is towards higher rectal cancers and higher dissection and transections the platform is operating for several hours thru a segment of anus and lower rectum that is opened. While vigorous irrigation is the defence we don't know the efficacy of this and this should be mentioned in a balanced assessment of the pros and cons of this technique. Page 6 the sentence referencing the ACOSOG and ALaCaRT trials is not references given 22 and 23? Page 8 line 19 "md" should be "mid". Page 12 line 8 "Studies show the" Only one study is referenced 95? Page 13 Line 12 "TaTME had longer CRM...' do you mean wider?? Page 13 Line 19 TaTME decreases the number of permanent stomas..." Needs a reference. Page 15 Line 18-19. "This will help safe expansion of the technique and mitigate the safety issues". This is a bit bold and not justified so a "may" in there might be better?



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Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 37188

Title: The Evolution of Transanal Total Mesorectal Excision for Rectal Cancer: From Top to Bottom

Reviewer's code: 02897449

Reviewer's country: China

Science editor: Li Ma

Date sent for review: 2017-11-25

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Review time: 13 Days

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 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 type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
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		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

COMMENTS TO AUTHORS

1. There were plenty reviews and meta-analysis about the TaTME these several years. And not much of new opinion were given in this article leading to the lack of innovation.
 2. Only advantages of the TaTME were listed. But the indications and the disadvantages were not discussed. There are no completed large RCT studies in this field, and the results of the present researches are not sufficient to make such definitive conclusion on the superiority of the TaTME
 3. There should be tables to list the reviewed articles and their main results when presenting the performance of the TaTME



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Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 37188

Title: The Evolution of Transanal Total Mesorectal Excision for Rectal Cancer: From Top to Bottom

Reviewer's code: 03479749

Reviewer's country: Italy

Science editor: Li Ma

Date sent for review: 2017-11-25

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Review time: 13 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
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<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

All statements on oncological and functional outcomes have yet to be validated in the literature. There are no prospective randomized trials but only meta-analysis and retrospective multicentric works. At this time it is not possible to claim that the TaTME could be the gold standard for oncologic resection of low rectal cancers. Prospective randomized studies between TaTME and laparoscopic TME are required. The international TaTME registry assemble many cases also of centers with little experience and therefore the conclusions reported have low scientific evidence. At present it can only be said that the technique is safe and feasible. The references are many and complete. However, the work represents the evolution of the surgical technique rather than a review on the TaTME.