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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 53038

Title: Robotic- versus laparoscopic-assisted proctectomy for locally advanced rectal cancer based on propensity score matching: short-term outcomes at a colorectal center in China

Reviewer's code: 04028454
Position: Editorial Board
Academic degree: MD
Professional title: Assistant Professor
Reviewer's country: United States
Author's country: China

Reviewer chosen by: Artificial Intelligence Technique
Reviewer accepted review: 2019-12-11 13:34
Reviewer performed review: 2019-12-15 18:24
Review time: 4 Days and 4 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[Y] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced
			[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[Y] Yes
			[ ] No

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SPECIFIC COMMENTS TO AUTHORS

1. First, there are numerous grammar issues. The manuscript needs some editing for presentation in English language. Examples include: line 107 "three" should probably be replaced by "third"; line 126 "is thought considered to be able to " should be edited; line 128 "has" should be "have"; line 129 "with relative" should be edited; line 285 "reports have been reported" should be edited; in Figure 1, should not say "distal gastrectomy" in top box 2. lines 143/144 " The choice is based on the patient's full understanding of the advantages and disadvantages of the two surgical methods". The purpose of this paper is to help understand the advantages and disadvantages of the two methods. What exactly was told to the patients as pros/cons of lap and pros/cons of rob? 3. lines 154-159 are confusing to me. Patients were excluded who were " (4) totally robotic surgery or totally laparoscopic surgery". Aren't these exactly who should be included? Also, inclusion criteria mentions T4, but "(8) invasion to adjacent organs " is an exclusion criterion. This needs correction. Additionally, "(9) conversion to open laparotomy" is an exclusion criterion? Many authors have shown this to be one of the primary advantages of robotics (fewer conversions). Why is this an exclusion? Why are conversions not mentioned in the body of the work or in Table 2? They should be. Lastly, how many were excluded based on "(10) robotic or laparoscopic equipment failure during operation." How many in each group? Was this early in the experience? 4. lines 165/166: Why was "vascular invasion, and perineural invasion" included in the PSM? I understand all the patient demographics being used, but why these specific pathologic outcomes? This needs explanation. 5. A major issue: "The discharge criteria were as follows: (1) the passing of at least 5 days since surgery" - much of the literature comparing short-term outcomes of robotic and laparoscopic proctectomy show differences during the first 1-4 days postoperatively, including timing

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of catheter removal, advancement of diet, and discharge. I understand there are differences in LOS based on country, insurance system, cultural differences, hospital policies, etc. This should be described and explained in the discussion. 6. In methods, you should include which robotic system (Si?) is used and which laparoscopic equipment is used. For example, was infrared imaging available and used during either type of procedure? What type of imaging did the lap equipment have (4K?) 7. Did you see any difference between the two groups in who was "excluded". Other authors have found that patients with higher BMI, more extensive adhesions, smaller pelvis, bulkier tumors were able to be "included" in the robotic group and were less likely to have conversion in the robotic group. Can you comment on this in your experience? Were your patients more likely to be offered MIS if robotic was available/chosen? 8. Another major issue is with the results. There are quite a few results being presented as significant because they are statistically significant, but I believe many surgeons and readers would question their clinical significance. I wonder if STD would be more meaningful for some of these rather than range, which is what you present. 6cc of EBL difference, 10 cc of drainage output difference over 4 days and 2.4 difference in CRP may be statistically significant, but many readers would question any real clinical significance here. This should be in your discussion. Similarly, the "differences" for catheter and drain removal are presented as significant, but clearly they are not (4 vs 4 and 6 vs 6). Even a 7 minute difference for a 1.5 hour to 6 hour operation is of questionable significance, and this merits conversation in the discussion as well. 9. In the discussion, there should be mention of the overall BMI (median, STD) in both groups. Patients range from about 20.5 to about 26. There are essentially no obese patients being operated on during this study. This should be described as it is significant for many readers. 10. In regard to pelvic drains, are they needed for every case? There is literature suggesting all, some or no patients benefit from pelvic drains.

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Frankly, I think the conclusions regarding the pelvic drain and foley catheter removal timing is not significant, but if you are going to include it, you should discuss the literature regarding the need / indication for drains for these patients, criteria for removal and when other authors remove drains. 11. In other centers, the foley catheter is routinely removed on POD 2 after these operations. You should include in your discussion results from other centers regarding catheter removal, or, again, remove "difference in foley catheter removal" from your conclusions. 12. I don't believe the following is proven by your data: "We also found that the time to remove the urinary catheter was obviously shorter in the RAP group than in the LAP group, which was similar to our previous studies". I also don't think you can state the following conclusion: "This result shows that urinary function is damaged less in robotic TME thanks to such advantages as three-dimensional stability and high-definition images, easier identification of the pelvic nerve, and flexible instruments that facilitate fine dissection". This is your opinion, but not a conclusion you can make based on your data. There is literature that can be discussed here. 13. Why do you not include distal margin, radial margin, or quality of TME in your results? These are common metrics included in this type of reporting and may offer more important data when comparing lap and rob TME. You should include or explain why not included. 14.Why did you chose VAS at 24 hours? Why not at 12, 36, 48 or 72 hours? What is your protocol for post-operative pain management for these patients? Is it the same for both groups? Did it change over the 5 years? Do you have morphine milliequivalent usage for these patients? 15. LOS was 8 days for both groups. You should include in your discussion what LOS is in other similar studies and discuss why yours was 8, and why you think there is no difference between the two groups. Other groups have found differences. 16. What % of each group was done with intracorporeal anastomosis? Does this matter in regard to postop pain, postop LOS, return of bowel function? This

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merits presentation in your data and discussion.

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 53038

Title: Robotic- versus laparoscopic-assisted proctectomy for locally advanced rectal cancer based on propensity score matching: short-term outcomes at a colorectal center in China

Reviewer's code: 02445553
Position: Peer Reviewer
Academic degree: PhD, MD

Professional title: Doctor

Reviewer's country: Sweden

Author's country: China

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2019-12-16 11:55

Reviewer performed review: 2019-12-18 13:15

Review time: 2 Days and 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[ ] Onymous
[Y] Grade D: Fair	[ ] Grade D: Rejection	[Y] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced
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			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
			[Y] No

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SPECIFIC COMMENTS TO AUTHORS

This is a large retrospective cohort study, with the inherent problems of that design, which the authors have tried to overcome by a propensity score analysis. Comments: Abstract. The conclusion must be modified. The differences between LAP and RAP are mostly clinically insignificant in spite of statistical significance. The differences are small in the practical situation which should be admitted in the text. Line 116. Rectal cancer is often symptomatic! Line 130. Lack of screening is not the only reason for late presentation. Since rectal cancer often is symptomatic, lack of public and professional awareness of the disease is also important. Line 147. " and so on". What does that mean - what is included? Line 152. Measuring the height of the recal tumour by MRI assessment is notoriously uncertain. The authors should report data on the distance from the anal verge (not anal edge) to the lower border of the tumour, measured by rigid sigmoidoscopy during withdrawal. Line 156. Why was Hartmann´s operation excluded? Line 158. How many operations were converted to open surgery? Lines 160 - 166. A directed acyclic graph (DAG) would be helpful to clarify the choice of analyses for the PSM. Lines 242-247. The clinical significance, as mentioned above, of these differences, are very questionable. Concerning removal of drainage and urinary catheters, was the nursing staff blinded for the operative methods? Lines 279-295. This part of the discussion is mainly a repetion of the introduction and methods and could be considerably shortened. Lines 301-302. The text about operation time must be Despite the problems listed abovetransferred to the Methods section. Line 350. The summary should be modified according to the comment to the abstract. Fig. 1. The head of the figure is not correct. It tells "distal gastrectomy" instead of "proctectomy".l

INITIAL REVIEW OF THE MANUSCRIPT

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PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 53038

Title: Robotic- versus laparoscopic-assisted proctectomy for locally advanced rectal cancer based on propensity score matching: short-term outcomes at a colorectal center in China

Reviewer's code: 03004570
Position: Editorial Board
Academic degree: MD

Professional title: Professor

Reviewer's country: Turkey

Author's country: China

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2019-12-14 15:51

Reviewer performed review: 2019-12-20 08:25

Review time: 5 Days and 16 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[ ] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[Y] Grade B: Very good	[Y] Grade B: Minor language polishing	[ ] Accept (General priority)	[Y] Anonymous
[ ] Grade C: Good	[ ] Grade C: A great deal of language polishing	[Y] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[ ] Advanced
			[Y] General
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			Conflicts-of-Interest:
			[ ] Yes
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SPECIFIC COMMENTS TO AUTHORS

This retrospective cohort study with relatively larger sample size (screened 945 patients total, allocated 807 patients) indicates that robotic rectal surgery for locally advanced rectal cancer is safe, feasible and associated with less intraoperative blood loss, less volume of pelvic drainage, shorter time to remove the pelvic drainage tube and urinary catheter and may give less damage to normal tissues. Authors used a propensity-score matching analysis to reduce patient selection bias and they benefited from 32 references including two meta-analyses. I recommend some minor corrections: 1. In the Figure 1, "945 patients underwent mini-invasive distal gastrectomy" must be corrected as "945 patients underwent mini-invasive proctectomy", 2. In the Table 1, "Mlies" should be corrected as "Miles". 3. In the Table 2, medians are same in both "Time to remove pelvic drainage tube" between RAP and LAP groups and "Time to remove urinary catheter" similarly. I recommend also adding mean values to the table to highlight significant statistical difference. 4. As a general Table format and as an example, I recommend "Median time to liquid diet, days (range)" in place of "Time to liquid diet (M (R), days)". Thus, the appearance of the Table will be better. After the corrections, this manuscript worth to publish.

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 53038

Title: Robotic- vs laparoscopic-assisted proctectomy for locally advanced rectal cancer based on propensity score matching: Short-term outcomes at a colorectal center in China

Reviewer's code: 02445553
Position: Peer Reviewer
Academic degree: PhD, MD
Professional title: Doctor
Reviewer's country: Sweden
Author's country: China

Manuscript submission date: 2019-12-11
Reviewer chosen by: Ze-Mao Gong
Reviewer accepted review: 2020-03-12 06:26
Reviewer performed review: 2020-03-12 06:32
Review time: 1 Hour

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent	[Y] Grade A: Priority publishing	[ ] Accept (High priority)	Peer-Review:
[ ] Grade B: Very good	[ ] Grade B: Minor language polishing	[Y] Accept (General priority)	[Y] Anonymous
[Y] Grade C: Good	[ ] Grade C: A great deal of language polishing	[ ] Minor revision	[ ] Onymous
[ ] Grade D: Fair	[ ] Grade D: Rejection	[ ] Major revision	Peer-reviewer's expertise on the topic of the manuscript:
[ ] Grade E: Do not publish		[ ] Rejection	[Y] Advanced
			[ ] General
			[ ] No expertise
			Conflicts-of-Interest:
			[ ] Yes
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SPECIFIC COMMENTS TO AUTHORS

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RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Title: Robotic- vs laparoscopic-assisted proctectomy for locally advanced rectal cancer based on propensity score matching: Short-term outcomes at a colorectal center in China

Reviewer's code: 03004570
Position: Editorial Board
Academic degree: MD
Professional title: Professor
Reviewer's country: Turkey
Author's country: China

Manuscript submission date: 2019-12-11
Reviewer chosen by: Ze-Mao Gong
Reviewer accepted review: 2020-03-12 12:47
Reviewer performed review: 2020-03-12 18:18
Review time: 5 Hours

SCIENTIFIC QUALITY	LANGUAGE QUALITY	CONCLUSION	PEER-REVIEWER STATEMENTS
[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection	Peer-Review: [Y] Anonymous [ ] Onymous Peer-reviewer's expertise on the topic of the manuscript: [ ] Advanced [Y] General [ ] No expertise Conflicts-of-Interest: [ ] Yes [Y] No

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SPECIFIC COMMENTS TO AUTHORS

Corrections of #1, #2 and #4 in my previous letter of evaluation, ok, no problem. But, for Table 2, I think that authors misunderstood the presentation of "Median (range)" and "Mean ± SD" in a Table. Median value has not standard deviation (SD) statistically. I give below an example of correct presentation according to data of this manuscript: Median time to remove pelvic drainage tube, d 6.0 (4.0-29.0) 6.0 (4.0-28.0) 0.036 Median time to remove urinary catheter, d 4.0 (2.0-7.0) 4.0 (2.0-18.0) 0.006 Mean time to remove pelvic drainage tube ± SD, d 7.1 ± 4.2 7.8 ± 4.9 0.000 Mean time to remove urinary catheter ± SD, d 3.2 ± 1.0 3.8 ± 1.2 0.000 Authors may give median or mean values or both in the Table, according to their choices.

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