

7 February 2020

Dr Varut Lohsiriwat

Editor-in-Chief, World Journal of Gastrointestinal Surgery

Mahidol University, Thailand

Dr Shu-You Peng

Editor-in-Chief, World Journal of Gastrointestinal Surgery

Zhejiang University, China

Re: 53298 “Feasibility of Robotic Assisted Bladder Sparing Pelvic Exenteration for Locally Advanced Rectal Cancer: A single institution case series”

Dear Dr Lohsiriwat and Dr Peng,

Thank you for considering our case series as an original article for publication in the World Journal of Gastrointestinal surgery. We have taken into consideration the comments and suggestions from the Reviewers (**in bold**) and have made changes accordingly in our revised manuscript. We have included a point-by-point response to the Reviewers' comments below:

Reviewer #1:

May be this is the first case series which reports totally robot-assisted bladder sparing pelvic exenteration? Relevant search proof materials are required.

Author response:

We thank reviewer 1 for the comments. While our literature search has certainly found reports of robotic assisted pelvic exenterations, there have yet to be any publications reporting bladder sparing exenterations. As such we believe this to be a novel and exciting technique.

Whether or not Figure 1 fully express the Port placement for robotic docking for the operation of Robotic Assisted Bladder Sparing Pelvic Exenteration? If it is only used for abdominal operation, what is the location of the poking hole in the pelvic operation?

Author response:

We agree with Reviewer 1 that Figure 1 does not explicitly state whether the port placement is for the abdominal portion only or for the entire procedure. We have altered the manuscript to reflect the fact that these port placements are for both the abdominal as well as the pelvic phase of the surgery.

In Figure 1, the effect of drawing is not good, so further fine drawing is needed.

Author response:

We agree with Reviewer 1 that the quality of the figure could be in higher resolution and have provided an improved image accordingly.

In Figure 2, the best histologic specimen should include the tumor size and pathological picture.

Author response:

We thank Reviewer 1 for his comments. The histological slides were not made available for the purpose of this study, and the size of the tumour has been reported on in the manuscript main text, as well as added to the caption for the figure.

In Table 1, no title and self explanatory notes.

Author response:

We agree with Reviewer 1 that although the title of the table is in the captions, a clearly marked title for the table would be easier to interpret, and have added it accordingly.

In conclusion, the key points and difficulties of pelvic surgery with robot should be clearly informed?

Author response:

Although robotic assisted bladder sparing pelvic exenteration seems feasible and safe based on these 3 patients, clearly further studies are needed to statistically demonstrate its reliability, surgical safety and oncological outcomes compared to the gold standard of open surgery.

See Conclusion:

“Although there are still challenges in multidisciplinary robotic surgery, mainly the need to redock the robot, as well as limited expertise and a continued learning curve, this minimally invasive methodology of pelvic exenteration with significant functional advantages shows much promise.”

Reviewer #2:

Patient 2: He also underwent long course NA chemoradiotherapy before undergoing a robot-assisted Ultra-low Anterior Resection (ULAR) with J-pouch coloanal anastomosis and en-bloc prostatectomy. But Table 2 shows that the patient received neoadjuvant chemoradiotherapy.

Author response:

We thank reviewer 2 for pointing out this discrepancy and we have revised the table to reflect the manuscript, which is that the patient did in fact receive neoadjuvant chemoradiotherapy.

In this paper, the author explores the feasibility of robot-assisted bladder-preserving pelvic clearance, which provides a good reference value for clinical application, and highlights the advantages of Leonardo da Vinci robot system in complex anatomy and difficult anastomosis in the pelvis. However, it is necessary to further increase the number of cases and to compare with open pelvic exenteration including operation time, blood loss, hospitalization time, OS et al?

Author response:

We thank reviewer 2 for his comments and agree with the comment that to fully appreciate the effectiveness of this new technique, more cases are needed with a more robust statistical analysis. Currently our case series is mainly to report its

feasibility, but we have included in our manuscript a comment regarding the need for further studies in this area.

See Conclusion:

“Further studies are needed to demonstrate its superiority over standard open exenteration.”

We believe our revised manuscript will be of interest to reader and we look forward to seeing it published in *World Journal of Gastrointestinal Surgery*.

Best Regards

Nathaniel H. Heah, MBBS, MRCS

Senior Resident

Department of Urology

Tan Tock Seng Hospital, Singapore