

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 54146

Title: Low ligation has a lower anastomotic leakage rate after rectal cancer surgery

Reviewer's code: 03976790

Position: Editorial Board

Academic degree: DSc, PhD

Professional title: Emeritus Professor

Reviewer's Country/Territory: France

Author's Country/Territory: China

Manuscript submission date: 2020-01-11

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-01-12 08:29

Reviewer performed review: 2020-01-21 09:15

Review time: 9 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Comments on the manuscript: “Low ligation has a lower anastomotic leakage rate after rectal cancer surgery” This study is based on an old debate on the upper or lower ligation of the lower mesenteric artery for laparoscopic surgery of rectal cancer. Each type of ligation can have consequences on postoperative complications. Another important factor concerns the harvesting of lymph nodes. This study aims to investigate the postoperative consequences of each ligation method. To do this, the authors studied postoperative data obtained from a large number of patients, selected according to highly selective criteria, who had been subjected to a high or low ligation of the artery. They studied the parameters using a multivariate logistic regression analysis. They conclude that low ligation should be the preferred method. The elders and tumors below peritoneal reflection are common risk factors. This study is good, with an abundant sampling. Nevertheless, I think the manuscript needs minor improvements.

Material and methods Page 5. Patients: How many males and females? How old were the patients? These data are not given in Material and Methods, but they are given in table 1 which is called at page 8, in Results. Call in Materials and Methods the table 1. Chirurgical procedure is well explained with selected figures in order to show the high and low ligations methods. Figures are useful.

Results Page 8. The authors write “LL group was longer than the HL group but was not statistically significant (163.1 ± 51.3 vs 174.4 ± 49.8 , $p=0.142$)”. Give the units (min) after 163.1 ± 51.3 and 174.4 ± 49.8 . At the same page, the authors write: “In terms of recovery, there were no significant differences in the aspects of first flatus passage and hospital stay after $p=0.177$ & $p=0.236$). Give the values in days for first flatus passage and hospital stay like they are given in table 2.

Discussion. I appreciated that the authors mentioned the limits of this study.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 54146

Title: Low ligation has a lower anastomotic leakage rate after rectal cancer surgery

Reviewer's code: 00536689

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2020-01-11

Reviewer chosen by: Ying Dou

Reviewer accepted review: 2020-03-25 17:07

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Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS



**Baishideng
Publishing
Group**

7041 Koll Center Parkway, Suite
160, Pleasanton, CA 94566, USA
Telephone: +1-925-399-1568
E-mail: bpgoffice@wjgnet.com
https://www.wjgnet.com

I have carefully read the manuscript. Very interesting and current topic. Although retrospective, numerous cases. Intraoperative explanatory photographs. Exhaustive tables. I ask the authors to put more information on the surgical technique. I ask the authors to better explain the use of the transanastomotic tube. I ask the authors to better explain the methods of diagnosis and the definition of anastomotic dehiscence. I ask the authors to explain how anastomotic dehiscence was treated.