



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 58552

Title: Laparoscopy-assisted transanal total mesorectal excision for lower rectal cancer: A feasible and innovative technique

Reviewer's code: 00043256

Position: Peer Reviewer

Academic degree: MD

Professional title: PhD

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

Manuscript submission date: 2020-08-17

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2020-08-24 08:51

Reviewer performed review: 2020-08-27 22:12

Review time: 3 Days and 13 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 Grade E: Do not publish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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input checked="" 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

This is an interesting paper that describes the authors' early experience of the taTME technique for rectal cancer. It is reasonably well written, although would benefit from review by a natural English speaker. Comments 1 - Abdominal computed tomography, magnetic resonance imaging (MRI) of the rectum are mentioned twice in the methods. 2 - I wonder why all patients had ultrasound (as well as CT) and a barium enema (as well as colonoscopy) 3 - The mean operation time, mean intraoperative blood loss and mean time to passing of first flatus differ between the abstract and the results section of the manuscript. 4 - I am alarmed to read that 'Patients experiencing unbearable pain were given analgesics.' I wonder whether the authors really mean 'unbearable' or whether this is a mistranslation. I would be concerned that pain was allowed to reach unbearable levels. Questions 1 - Have the authors included all patients with rectal cancer seen at their department during this period? If not, how did they decide who should have the taTME procedure? 2 - The discussion omits to discuss the major concern about this operation, which is the concern for major complications e.g. ureteric injury. It would be interesting for the authors to describe how their technique avoids the major complications reported in other series. Could the authors improve their discussion? 3 - the tumour height above the anorectal junction varies from 2cm to 8cm. 8cm seems a very high level to describe as low. We would consider anything at 3cm and lower above the anorectal junction as low. How do the authors confirm tumour height? 4 - The authors commented on the quality of the specimens but presented no data. Do they have these data? 5 - Do the authors have the data from the patients for the Wexner scores? 6 - The authors measured post-operative pain. Do they have these data? 7 - The discussion mentions 'The laparoscopy-assisted taTME was performed in two groups'. I did not understand what this meant and how the patients were divided into 2 groups.



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What were the 2 groups? How did they differ?



PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Oncology

Manuscript NO: 58552

Title: Laparoscopy-assisted transanal total mesorectal excision for lower rectal cancer: A feasible and innovative technique

Reviewer's code: 03017544

Position: Editorial Board

Academic degree: MD

Professional title: Research Associate, Surgical Oncologist

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2020-08-17

Reviewer chosen by: Ya-Juan Ma

Reviewer accepted review: 2020-08-30 14:13

Reviewer performed review: 2020-08-30 15:41

Review time: 1 Hour

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 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 checked="" 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



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SPECIFIC COMMENTS TO AUTHORS

Comments for WJGS 58552 The article entitled “Laparoscopy-assisted transanal total mesorectal excision for lower rectal cancer: A feasible and innovative technique” write by Yingjie Li et al, want to demonstrate that laparoscopy-assisted taTME is suitable for selected patients with lower rectal cancer, and this technique is worthy of further recommendation. Despite the concepts might be interesting there are some points which need clarification. Minor points 1. Clarify precise international indications to perform minimal invasive surgery, minimal surgery and no surgery (size, grading, T, N, distance from the anal margin, distance of anastomosis). 2. Authors should specify that their data are preliminary and that the confirmation by a larger number of cases is mandatory. 3. The authors should clarify the treatment of surgical complications



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Title: Laparoscopy-assisted transanal total mesorectal excision for lower rectal cancer: A feasible and innovative technique

Reviewer's code: 00043256

Position: Peer Reviewer

Academic degree: MD

Professional title: PhD

Reviewer's Country/Territory: United Kingdom

Author's Country/Territory: China

Manuscript submission date: 2020-08-17

Reviewer chosen by: Xi-Fang Chen (Part-Time Editor)

Reviewer accepted review: 2020-09-29 07:54

Reviewer performed review: 2020-09-29 08:06

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
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



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Thanks for asking me to review the revised manuscript. Unfortunately, the responses provided by the authors to my original comments and questions do not answer the questions. This is very disappointing. I do not know if language is a problem here. The revised manuscript therefore does not address my concerns.