



### PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 61233

**Title:** Colonic pouch confers better bowel function and similar postoperative outcomes compared to straight anastomosis for low rectal cancer

**Reviewer's code:** 04965020

**Position:** Editorial Board

**Academic degree:** FRCS (Gen Surg), MBBS

**Professional title:** Assistant Professor

**Reviewer's Country/Territory:** Singapore

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-12-02

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-12-02 13:21

**Reviewer performed review:** 2020-12-02 13:43

**Review time:** 1 Hour

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 Grade E: Do not publish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



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## **SPECIFIC COMMENTS TO AUTHORS**

This is a single centre retrospective review of straight versus colonic pouch anastomosis after LAR or ULAR for rectal cancer. The main finding is a reduction of LARS score as the primary outcome for patients with colonic pouch surgery at 6 months and 12 months after surgery. Of note there are some unique characteristics of this cohort. 1) These patient only received pre-operative chemotherapy and no radiotherapy. 2) If patient needed post-operative Radiotherapy, these patients are excluded. Of note, CRM +ve rate is not mentioned in their manuscript between the 2 arms and there is no mention of how many patients are excluded for this reason in each arm. 3) The colonic pouch arm consists of patients with end to side anastomosis, which is a limitation as they have different functional outcomes. Adding to the limitations of this small cohort are several observations of biases. 1) There is a higher leak rate in the straight anastomosis group and this is going to affect the functional outcome 2) The tumour and anastomotic location is different between the 2 groups which again adds to the confounding effect. 3) There is no multivariate analysis or matching to adjust for these confounders. Overall, it is a good attempt to tackle this question, however due to several aforementioned limitations, I find the statistical analysis to be weak and does not support the conclusion of the manuscript. Furthermore, the difference noted by the authors are mainly after 6months which defies conventional understanding that most functional scores are different within the first year between this 2 reconstruction options. Given it being a retrospective study, this leaves to question the possibility of interviewer bias affecting the primary outcome.



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**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 61233

**Title:** Colonic pouch confers better bowel function and similar postoperative outcomes compared to straight anastomosis for low rectal cancer

**Reviewer's code:** 05123258

**Position:** Editorial Board

**Academic degree:** MSc, PhD, RN

**Professional title:** Chief Nurse, Nurse, Postdoc

**Reviewer's Country/Territory:** Greece

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-12-02

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-12-02 17:10

**Reviewer performed review:** 2020-12-03 07:07

**Review time:** 13 Hours

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



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#### **SPECIFIC COMMENTS TO AUTHORS**

The manuscript is well written with high quality information.



### PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 61233

**Title:** Colonic pouch confers better bowel function and similar postoperative outcomes compared to straight anastomosis for low rectal cancer

**Reviewer's code:** 04088775

**Position:** Editorial Board

**Academic degree:** BMed, FRACP, PhD

**Professional title:** Pediatric Gastroenterology Fellow, Staff Physician

**Reviewer's Country/Territory:** Australia

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-12-02

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-12-05 02:48

**Reviewer performed review:** 2020-12-05 03:42

**Review time:** 1 Hour

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

The authors have completed a retrospective study evaluating functional outcomes in patients up to 12 months after colonic pouch construction or straight anastomosis for patients with rectal adenocarcinomas 2 to 7cm from the anal verge. They found comparable postoperative outcomes between the groups although functional outcomes seemed to be better in the pouch group. The findings are interesting and it is a well written paper although there are a few queries as outlined below: 1. How were patients allocated to receive pouch versus straight anastomosis surgery? Given that the pouch patients had a significantly lower tumour height and anastomosis height do you believe the groups are equally matched or selection bias may contribute to the results? Was any attempt to statistically evaluate this performed? 2. Was the LARS questionnaire applied routinely at clinic visits or was this calculated retrospectively? 3. Would you consider your hospital a high-volume center for such surgeries? How many surgeons were approximately completing the procedures - this will affect the external validity of the results. 4. Were any functional assessments made of the sphincter following both kinds of surgery such as manometry? 5. The randomised study by Hallbook that the authors cite has already reported such outcomes. What does the current paper add that has not been previously reported? This should be discussed in the discussion.



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**Name of journal:** World Journal of Gastrointestinal Surgery

**Manuscript NO:** 61233

**Title:** Colonic pouch confers better bowel function and similar postoperative outcomes compared to straight anastomosis for low rectal cancer

**Reviewer's code:** 05101340

**Position:** Peer Reviewer

**Academic degree:** MD

**Professional title:** Doctor

**Reviewer's Country/Territory:** China

**Author's Country/Territory:** China

**Manuscript submission date:** 2020-12-02

**Reviewer chosen by:** AI Technique

**Reviewer accepted review:** 2020-12-05 14:09

**Reviewer performed review:** 2020-12-07 15:42

**Review time:** 2 Days and 1 Hour

<b>Scientific quality</b>	<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
<b>Language quality</b>	<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
<b>Conclusion</b>	<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
<b>Re-review</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Peer-reviewer statements</b>	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**

1. This study aimed to compare postoperative and oncological outcomes, bowel function of straight and colonic pouch anal anastomoses after resection of low rectal cancer. And found that colonic pouch anastomosis is a safe and effective procedure for colorectal reconstruction after low and ultralow rectal resections. 2. The author demonstrates that the use of colonic pouch anastomosis gives a superior functional result when compared with traditional straight anastomosis for low rectal cancer. And colonic pouch anastomosis is a favorable option for patients undergoing LAR or ULAR. However, this study is a single center study with a small sample. Only 72 patients were included in this study. The conclusion needed to be further confirmed in the future. 3. The author should point out the limitations of this study in the discussion section. 4. The author mention that the incidence of anastomotic leakage following colonic pouch construction and straight anastomosis was 11.4% and 16.2%, respectively. The incidence of anastomotic leakage was so high. Why? 5. Most of the references are not the latest. You should included more references which was within 5 years from now. 6. What is the definition of anterior rectal resection syndrome (ARS), the author should discuss it. 7. Due to the small size of this study, the conclusion should be downgraded.