PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 68370

Title: Postoperative complications after robotic resection of colorectal cancer: An analysis based on 5-year experience at a large-scale center

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03669557

Position: Editorial Board

Academic degree: FACS, MD, PhD

Professional title: Doctor, Lecturer, Postdoc, Research Assistant Professor, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-05-21

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-30 17:41

Reviewer performed review: 2021-05-30 18:36

Review time: 1 Hour

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Captivating and easy to read manuscript. Topic of generic interest but always interesting, especially because it talks about robotic surgery. However, the true limit of this manuscript is to treat colon and rectal cancer in the same way, today we know that these 2 tumors represent 2 distinct entities. Why insert operations that involved multi-organ removal? Why not insert rectal tumors undergoing neoadjuvant therapy? My invitation is to distinguish colon cancers from rectal cancers in order to make the manuscript more specific and less generic.

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This paper is well-documented about "Incidence and risk factors for postoperative complications after robotic resection of colorectal cancer in 1040 cases". It seems to be an important paper with a large number of cases. It is well analyzed and discussed.

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No

Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for the opportunity to review this manuscript entitled "Incidence and risk factors for postoperative complications after robotic resection of colorectal cancer: an analysis of 1040 cases based on 5-year experience at a large-scale center" The authors have studied a large cohort of patients and as they wanted to analyze the risk factors for post operative complications there is no clear statement of either the primary or secondary outcomes of the study. In the intro there is an extended background of the incidence and prevalence of CRC, at some point the authors mention that according to the IARC approximately 1.931.600 new cases and 935.200 deaths will occur, but when? or over what period of time? that is not clear. Some of the advantages of the robot described by the authors include seven degrees of freedom, could you please clarify or correct if there is a typo here. Staging of the patients described the use of CT scan and x rays, ultrasound and other investigations, there is no mention whatsoever of colonoscopy, CEA levels nor MRI and/or EUS for rectal cancer patients. There are well known factors for complications in patients with rectal cancer, such as neoadjuvant chemoradiation, diabetes, obesity, smoking, none of these were considered as part of the study, can the authors include them and incorportae as part of the analysis or then explain why not please. For the surgical procedures please avoid eponyms such as Dixon or Miles, instead should use generic denominations e.g. low anterior ressection, abdominoperineal excision. Need to define robotic assisted vs totally robotic, this is not clear. In the statistical analysis it is not clear why the authors chose to use significant p values as < 0.1 when typically it is accepted to be <0.05 , please use conventional parameters or explain the reasons for this. LOS of 7-8 days is quite extended, however

this could be cultural, and is not a major item The authors also reported overall complications of 12% vs 33%, this is high however I think it would be more appropriate to report complications that are CD III or above as they are more relevant. Finally in the conclusion the authors stated robotic surgery is safe and feasible, please avoid this language this is not a phase I or II study with a design for those types of assessment, instead please use terms such as association with.