

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 77266

Title: Efficacy of staple line reinforcement by barbed suture for preventing anastomotic leakage in laparoscopic rectal cancer surgery

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03479476

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2022-04-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-04-30 02:52

Reviewer performed review: 2022-04-30 06:15

Review time: 3 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [Y] Minor revision [] Major revision [] Rejection
Re-review	[Y]Yes []No



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

SPECIFIC COMMENTS TO AUTHORS

This paper is very interesting for me. Although this research was retrospective study, the results were clinically very important. I understood that staple line reinforcement prevented anastomotic leakage in rectal cancer surgery. On the other hand, several researches said trans-anal tube reduced anastomotic leakage. I think that reinforcement added trans-anal tube may reduce more anastomotic leakage. Why didn't you place trans-anal tube? I hope you add the discussion about the trans-anal tube placement.



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Peer-review model: Single blind

Reviewer's code: 03468910

Position: Editorial Board

Academic degree: PhD

Professional title: Assistant Professor, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2022-04-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-05-27 07:02

Reviewer performed review: 2022-05-28 10:36

Review time: 1 Day and 3 Hours

Scientific quality	[] Grade A: Excellent [] Grade B: Very good [Y] Grade C: Good [] Grade D: Fair [] Grade E: Do not publish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) [] Accept (General priority) [Y] Minor revision [] Major revision [] Rejection
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SPECIFIC COMMENTS TO AUTHORS

The topic of this manuscript falls within the scope of World Journal of Gastrointestinal Surgery. Little is known about the efficacy of staple line reinforcement by barbed suture for preventing anastomotic leakage in rectal surgery. The Authors retrospectively reviewed 319 patients who underwent laparoscopic low anterior resection (LAR): 168 patients who received reinforcing sutures were compared with 151 patients who did not receive renforcing sutures. Anastomic leakage occured in 7.8% with significantly higher incidence in the non-reinforcing suture group. The Authors divided all patients in two risks group by combining tumor site and tumor size (low rectal cancer, cancer tumor diameter > 4 cm). In high-risk group the anastomic leakage incedence decreased in reiforcing sutures group. No statistically significant differences was found in the low-risk group. Although the study ha limitations (a single center, retrospective, non randomized) I believe it is a good. Introduction, Materials and Methods and Results are good. Discussion and Conclusions sound well. Complete the References. I have only question: On basis of the results the Authors believe that reinforcing suture should be reserved only for high-risk group patients or not?