



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 83725

Title: Where is the optimal plane to mobilize the anterior rectal wall in female patients undergoing total mesorectal excision?

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 03030912

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Associate Professor

Reviewer’s Country/Territory: South Korea

Author’s Country/Territory: China

Manuscript submission date: 2023-02-06

Reviewer chosen by: Dong-Mei Wang

Reviewer accepted review: 2023-02-27 09:07

Reviewer performed review: 2023-03-04 05:33

Review time: 4 Days and 20 Hours

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 Grade E: Do not publish
Novelty of this manuscript	<input checked="" type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 checked="" type="checkbox"/> Accept (General priority) <input 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

SPECIFIC COMMENTS TO AUTHORS

This study is a retrospective multicenter study to understand the anatomy to find out the optimal plane for mobilizing the anterior rectal wall. This is a good study done by many researchers, but it needs a major revision. - In the results part of the abstract, " There are two procedures to mobilize the anterior rectum wall: one procedure was cutting the peritoneum at peritoneal reflex and continue the mobilization; the other was cutting at 0.5-1cm above the peritoneal reflex and continue the dissection. The first procedure entered the plane between the fascia propria of the rectum and the adventitia of the vagina, the second procedure entered the plane between the vaginal adventitia and muscle lay." is considered unnecessary. - Please divide your Introduction into 3-4 paragraphs to fit the content. - In the Clinical data and Video review section, the review of surgical video requires specific descriptions, such as who, how and how many people did it. - The Z value is included in the result value, and a detailed description of this value is required in the "Statistical Analysis" section. - In the "Clinical data and Video review" section of the results, the surgical technique corresponding to the method and the results are mixed. It would be better to move the contents corresponding to the



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surgical technique to an independent section of the method. - In the result part, which is statistically significant ($p < 0.05$). What is the result of? - You said there was a statistically significant difference in less intraoperative bleeding between the two groups. Does intraoperative bleeding refer to bleeding during the entire procedure? Or are you referring to the amount of blood loss during TME? In addition, a description of the specific blood loss is required. - The methodological part of the “gross anatomy” section of the results should be moved to the “Cadavar specimens” section of the methods. - Paragraphs starting with “To summarize” in the results section should be moved to the Discussion section. - Patients who underwent relatively recent surgery were included. Are patients who underwent robotic surgery included? - Since it is about anterior TME, information about the patient and tumor, such as tumor size, T stage, distance from the anal verge, and location of the tumor (anterior, posterior, lateral..), is required. - Information on preoperative chemoradiation is also required. - An explanation of the abbreviation in the table is required.



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Peer-review model: Single blind

Reviewer's code: 03477653

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Attending Doctor, Research Scientist, Surgeon

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2023-02-06

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-06 20:14

Reviewer performed review: 2023-03-08 11:38

Review time: 1 Day and 15 Hours

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Good <input checked="" type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 type="checkbox"/> Yes <input checked="" 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

The authors presented a retrospective clinical study aiming to find the optimal plane for mobilizing the anterior rectal wall during TME. The dissection of 10 pelvises of adult female was also performed. The study compared two ways of starting the anterior dissection of the rectum, at the lowest point of the peritoneal reflection or 0,5-1 cm above. This is a novel and potentially interesting comparison, the quality of the images is adequate, and the level of English language is acceptable. I have some concerns regarding this study. First and most important, in my experience the proper dissection of the anterior part could be performed safely by both starting approaches, the key is to find the plane between the rectum and the adventitia of the vagina. I do not think that there is a real impact in opening the peritoneum some millimeters above the reflection, if the anatomy is well understood and the proper plane is subsequently followed. Potential differences between the approaches would be reflected in two aspects: 1) Intraoperative bleeding from vagina, or its perforation, 2) Negativity of circumferential resection margins. From your results, we can appreciate that the difference in bleeding, yet statistically significant, is clinically irrelevant (5 ml), there were reported no vaginal



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perforations, and all patients were CRM negative in both groups. The sample size is also too short, and many aspects could justify non-significant differences in postoperative complications and therefore hospital stay, rather than a small technical variation. As a resume, I found no justification for the conclusion: "Incision of the peritoneum at the peritoneal reflex to access the gap between the intrinsic rectal fascia and the anterior vaginal wall not only provides good assurance of the integrity of the rectal mesentery, but also reduces bleeding during the procedure, shortens the length of hospital stay as well as facilitating recovery". I want to highlight other comments to improve the present manuscript. Abstract: - The aim to compare the 2 approaches should be clearly stated at the Abstract section. - In the Results section, the sentence "the membrane like structure found was actually a surgical dissection from the vagina" should be reformulated. - The absence of Denonvilliers (described in 1836) in women is a fact, as they didn't have a prostate. I think that this aspect should not be declared as a singular finding of the study. Introduction: - Line 8, Denville should be modified. - There is no current controversy regarding the presence or not of Denonvilliers fascia in women. Methods: - The number and experience of the surgeons performing each type of operation need to be declared. - The method to quantify intraoperative bleeding should be declared. - It is important to declare the scale used to define and grade postoperative complications. Results: - There is a controversy regarding the p value for the comparison of hospital stay between the text (0.03) and the table (0.33). - A summary of the postoperative complications occurred in each group is necessary and could help to understand the study findings. Discussion - Limitations section is needed (sample size, potential anatomical differences with Western studies, different surgeons with varying expertise performing the procedures, retrospective nature...).



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 01587889

Position: Editorial Board

Academic degree: MD, MSc, PhD

Professional title: Academic Editor, Consultant Physician-Scientist, Professor

Reviewer’s Country/Territory: United States

Author’s Country/Territory: China

Manuscript submission date: 2023-02-06

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-06 03:43

Reviewer performed review: 2023-03-14 16:16

Review time: 8 Days and 12 Hours

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
Creativity or innovation of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No creativity or innovation



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Scientific significance of the conclusion in this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No scientific significance
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 checked="" type="checkbox"/> Accept (General priority) <input 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

SPECIFIC COMMENTS TO AUTHORS

Good paper. Need some English polishing as there are few grammatical errors.



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Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00536689

Position: Editorial Board

Academic degree: MD

Professional title: Assistant Professor, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2023-02-06

Reviewer chosen by: Geng-Long Liu

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Reviewer performed review: 2023-03-15 02:11

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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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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Peer-reviewer statements	Peer-Review: <input type="checkbox"/> Anonymous <input checked="" type="checkbox"/> Onymous
	Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SPECIFIC COMMENTS TO AUTHORS

Really interesting manuscript. Mainly surgical topic. Well structured manuscript. Explanatory and exhaustive figures. The subject is very technical and specific for surgeons. The only perplexity is in fact the submission to a journal of Gastroenterology, such as the World Journal of Gastroenterology, of a manuscript of this nature.



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Peer-review model: Single blind

Reviewer’s code: 03475728

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: Italy

Author’s Country/Territory: China

Manuscript submission date: 2023-02-06

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-06 08:02

Reviewer performed review: 2023-03-19 18:49

Review time: 13 Days and 10 Hours

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
Novelty of this manuscript	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Good <input type="checkbox"/> Grade C: Fair <input type="checkbox"/> Grade D: No novelty
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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

The manuscript written by Wei Jin and col. is very interesting and the data collected highlight important aspects in TME procedure in female patients. First, by analyzing the anatomy of female pelvis from 77 surgical procedure, authors conclude with the existence of Denonvillers' fascia (also called recto-vaginal septum) in females: this result, though interesting, requires further research and a greater number of cadaver specimens to be validated. Second, they discuss what is the best point to cut in order to free the anterior rectal wall during a TME procedure for oncological purposes: authors propose opening the peritoneum at its reflection instead of 0,5-1 cm above it, since the dissection of this plane is associated with less intraoperative bleeding (the reason is the greater distance from the muscular layer of the vagina), shorter length of hospitalization and, of course, negative CRM. However, fundamental aspects like oncological efficacy and long-term outcomes have not been investigated, thus weakening the conclusions drawn by the authors. Finally, authors should better clarify methods in the abstract explaining all the methods adopted and the aims of the study.



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Title: Where is the optimal plane to mobilize the anterior rectal wall in female patients undergoing total mesorectal excision?

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00041957

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2023-02-06

Reviewer chosen by: Geng-Long Liu

Reviewer accepted review: 2023-03-06 10:00

Reviewer performed review: 2023-03-24 00:59

Review time: 17 Days and 14 Hours

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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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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

The Authors clearly demonstrate that the Denonviklliers's fascia does not exist and that the anterior dissection plane during the TME should be carried out along the proper of the rectum. However, it should be interesting to know if there was any difference in term of local tumoral recurrence between the patient of group 1 and those of group 2.