

Dear Editors and Reviewers,

Thank you for allowing us to submit a revised draft of the manuscript titled 'Robotic Transanal Total Mesorectal Excision: Is the future now?' to the World Journal of Gastrointestinal Surgery. We appreciate the time and effort that you and the reviewers have dedicated to provide your valuable feedback on our manuscript. We are grateful to the reviewers for their insightful comments on the paper. We have been able to incorporate changes to reflect all of the suggestions that you provided. We have highlighted in red the changes within the manuscript.

Here is a point-by-point response to the reviewers' comments.

### **Comments from Reviewer #1**

- 1) Comment 1: *The experience of TATME and Robotic surgery for rectal cancer are limited, combination of these two technique now have even less support evidence, till now there's only a small group of patient underwent these kind of operation and without long term follow up, please give some more advice for the surgeon who want to start this technique.*

**Response:** Thank you for your comments. We completely agree with you. We have introduced some sentences to emphasize this point (Conclusions, page 13, 2<sup>nd</sup> paragraph).

- 2) C: *"There is little information about the patient who chosen for the surgery, please some detail information about the tumor of the patient, such as the size of the tumor, the distance from the anal verge."*

**R:** This information is now displayed at table 2, thank you.

### **Comments from Reviewer #2**

- 1) C: *"Thank you very much for your invitation, this technology is very novel. The manuscript describe the background, present significance of the study. The discussion discuss the manuscript's scientific significance. The figures and tables are sufficient and appropriately illustrative of the manuscript contents. Language polish may be useful for improving the quality of the manuscript."*

**R:** Thank you for your encouraging comments. Language polish has been performed, the changes have been highlighted in red.

### **Comments from Reviewer #3**

1) *C: “Please develop the concept cost, learning and benefit”.*

**R:** Thank you for your comments. We have added several informations regarding the costs, learning curve, and benefits (page 8, 1<sup>st</sup> and 2<sup>nd</sup> paragraphs)

2) *C: “Please study in deep intraoperative complications”.*

**R:** Only two cases of intraoperative complications have been reported, and now they have been detailed (page 7, 1<sup>st</sup> paragraph).

3) *C: “Please develop the concept of staging indications”.*

**R:** Staging concept, preoperative evaluation, and imaging techniques have been developed in the section “Benefits and Limitations” (page 6, 4<sup>th</sup> paragraph).

4) *C: “The authors should modify Introduction, very long and Discussion/Conclusion, very short”.*

**R:** The introduction has been shortened and the new comments have been added to the conclusions.

### **Comments from Reviewer #4**

1) *C: “Page 4, 2nd paragraph: "During the last ?years, and due to the continuous improvement in the platforms, robotics gained popularity with promising expectancies. " I wonder if the word "last" is proper?"*

**R:** Thank you for your comments. This sentence has been changed to “During the past few years” (page 4, 2<sup>nd</sup> paragraph).

2) *C: “I think you had better put The "Hybrid taTME " part in TECHNIQUE BACKGROUND”.*

**R:** The hybrid TaTME has now been included in the section Technique Background (page 6, 3<sup>rd</sup> paragraph).

3) C: *“Table 1: I believe the last reference (Dr. Ye), they should have used STARport as their transanal interface device.”.*

**R:** Thank you very much for this insight. It has been modified in the table 1.

### **Comments from Science Editor**

1) C: *“There are 7 self-cited references. The self-referencing rates should be less than 10%. Please keep the reasonable self-citations that are closely related to the topic of the manuscript, and remove other improper self-citations. If the authors fail to address the critical issue of self-citation, the editing process of this manuscript will be terminated”*

**R:** Self-cites have been adjusted to Editor’s recommendations. We have removed 2 references:

1) de'Angelis N, Portigliotti L, Azoulay D, Brunetti F. Transanal total mesorectal excision for rectal cancer: a single center experience and systematic review of the literature. *Langenbecks Arch Surg* 2015; 400(8): 945-959 [PMID: 26497544 DOI: 10.1007/s00423-015-1350-7];

2) Gomez Ruiz M, Cagigas Fernandez C, Alonso Martin J, Cristobal Poch L, Manuel Palazuelos C, Barredo Canibano FJ, Gomez Fleitas M, Castillo Diego J. Robotic Assisted Transanal Polypectomies: Is There Any Indication? *Cir Esp* 2017; 95(10): 601-609 [PMID: 29146073 DOI: 10.1016/j.ciresp.2017.09.006]

2) C: *“The “Author Contributions” section is missing. Please provide the author contributions”.*

**R:** This section has been included after the References section (page 22).

We look forward to hearing from you in due time regarding our submission and to respond to any further questions and comments you may have.

**Sincerely,**

Aleix Martínez-Pérez MD, PhD (Number ID: 03477653).

Minimally Invasive and Robotic Digestive Surgery Unit. Miulli Hospital. Acquaviva delle Fonti, Bari, Italy.