

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 33431

**Title:** Simple Instruments Facilitating Achievement of Transanal Total Mesorectal Excision in Male Patients

**Reviewer's code:** 00722239

**Reviewer's country:** Japan

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-05-06

**Date reviewed:** 2017-05-07

| CLASSIFICATION                                    | LANGUAGE EVALUATION  | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|---|--|--|--|
| <input type="checkbox"/> Grade A: Excellent       | <input checked="" type="checkbox"/> Grade A: Priority publishing     | Google Search:                                 | <input type="checkbox"/> Accept                        |
| <input type="checkbox"/> Grade B: Very good       | <input type="checkbox"/> Grade B: Minor language polishing           | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input checked="" type="checkbox"/> Grade C: Good | <input type="checkbox"/> Grade C: A great deal of language polishing | <input type="checkbox"/> Duplicate publication | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade D: Rejected                           | <input type="checkbox"/> Plagiarism            | <input checked="" type="checkbox"/> Minor revision     |
| <input type="checkbox"/> Grade E: Poor            |  | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Major revision                |
|   |  | BPG Search:                                    |  |
|   |  | <input type="checkbox"/> The same title        |  |
|   |  | <input type="checkbox"/> Duplicate publication |  |
|   |  | <input type="checkbox"/> Plagiarism            |  |
|   |  | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

The authors have developed a unique surgical method for transanal total mesorectal excision (taTME) using simple instruments. The reviewer consider that their procedure is potentially good and the manuscript is well written. I have some minor comments. 1. What is the selection criteria of the patients for Group A and Group B? 2. Group B has a higher frequency of laparoscopy. How about the impact of laparoscopic procedure on surgery time? 3. Is there a bias in the era of surgery between Group B and Group A? 4. Is there difference between the two groups due to the bias of the operators?

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**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 33431

**Title:** Simple Instruments Facilitating Achievement of Transanal Total Mesorectal Excision in Male Patients

**Reviewer's code:** 00070191

**Reviewer's country:** Turkey

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-04-26

**Date reviewed:** 2017-05-08

| CLASSIFICATION   | LANGUAGE EVALUATION   | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|--|---|--|--|
| <input type="checkbox"/> Grade A: Excellent            | <input type="checkbox"/> Grade A: Priority publishing                 | Google Search:                                 | <input type="checkbox"/> Accept                        |
| <input checked="" type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language polishing | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input type="checkbox"/> Grade C: Good                 |   | <input type="checkbox"/> Duplicate publication |  |
| <input type="checkbox"/> Grade D: Fair                 | <input type="checkbox"/> Grade C: A great deal of language polishing  | <input type="checkbox"/> Plagiarism            | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade E: Poor                 |   | <input checked="" type="checkbox"/> No         | <input checked="" type="checkbox"/> Minor revision     |
|  | <input type="checkbox"/> Grade D: Rejected                            | BPG Search:                                    | <input type="checkbox"/> Major revision                |
|  |   | <input type="checkbox"/> The same title        |  |
|  |   | <input type="checkbox"/> Duplicate publication |  |
|  |   | <input type="checkbox"/> Plagiarism            |  |
|  |   | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

In this retrospective study the influence of a modified approach with transanal total mesorectal excision (taTME) using simple instruments in male patients with low rectal cancer have been evaluated. The sphincter preservation has been provided in all cases. The operative time in taTME group (group B) was found to be significantly shorter than in patients who underwent to a classical resection (group A). Compared with group A, more complete distal mesorectum and total mesorectum were achieved in group B. Moreover a lower local recurrence rate and higher disease-free survival have been observed in group B when compared to group A. However these differences were not statistically significant. This well-written paper of a promising unique surgical approach. In this study a comprehensive pathological evaluation has been performed. However I did not notice any name of a pathologist in the study. This should be corrected because without a pathologist the reliability of the data presented here will be argumentative

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 33431

**Title:** Simple Instruments Facilitating Achievement of Transanal Total Mesorectal Excision in Male Patients

**Reviewer's code:** 03476292

**Reviewer's country:** Israel

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-05-06

**Date reviewed:** 2017-05-09

| CLASSIFICATION                              | LANGUAGE EVALUATION   | SCIENTIFIC MISCONDUCT                          | CONCLUSION  |
|---|---|--|---|
| <input type="checkbox"/> Grade A: Excellent | <input type="checkbox"/> Grade A: Priority publishing                 | Google Search:                                 | <input type="checkbox"/> Accept                                   |
| <input type="checkbox"/> Grade B: Very good | <input checked="" type="checkbox"/> Grade B: Minor language polishing | <input type="checkbox"/> The same title        | <input checked="" type="checkbox"/> High priority for publication |
| <input type="checkbox"/> Grade C: Good      |   | <input type="checkbox"/> Duplicate publication |   |
| <input type="checkbox"/> Grade D: Fair      | <input type="checkbox"/> Grade C: A great deal of language polishing  | <input type="checkbox"/> Plagiarism            | <input type="checkbox"/> Rejection                                |
| <input type="checkbox"/> Grade E: Poor      |   | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Minor revision                           |
|   | <input type="checkbox"/> Grade D: Rejected                            | BPG Search:                                    | <input type="checkbox"/> Major revision                           |
|   |   | <input type="checkbox"/> The same title        |   |
|   |   | <input type="checkbox"/> Duplicate publication |   |
|   |   | <input type="checkbox"/> Plagiarism            |   |
|   |   | <input checked="" type="checkbox"/> No         |   |

## COMMENTS TO AUTHORS

This is a very interesting study about a surgical technique that although described several decades ago, is only now being widely adopted by colorectal surgeons around the world. I find the result very interesting and although there are several biases between the groups, the authors demonstrate clearly that the technique is not only feasible but that with enough creativity there is no need for high cost equipment to ensure good surgical results. The only comments i have are related to several factors missing from the analysis, such as Length of stay and wound infection rates (that is suprisingly not described) and i would also add a clavien dindo analysis between the two groups. Nontheless, i congratulate the authors for a very well written article and a well executed study.

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 33431

**Title:** Simple Instruments Facilitating Achievement of Transanal Total Mesorectal Excision in Male Patients

**Reviewer's code:** 02445477

**Reviewer's country:** India

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-05-06

**Date reviewed:** 2017-05-11

| CLASSIFICATION                                    | LANGUAGE EVALUATION  | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|---|--|--|--|
| <input type="checkbox"/> Grade A: Excellent       | <input checked="" type="checkbox"/> Grade A: Priority publishing     | Google Search:                                 | <input checked="" type="checkbox"/> Accept             |
| <input type="checkbox"/> Grade B: Very good       | <input type="checkbox"/> Grade B: Minor language polishing           | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input checked="" type="checkbox"/> Grade C: Good | <input type="checkbox"/> Grade C: A great deal of language polishing | <input type="checkbox"/> Duplicate publication | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade D: Rejected                           | <input checked="" type="checkbox"/> Plagiarism | <input type="checkbox"/> Minor revision                |
| <input type="checkbox"/> Grade E: Poor            |  | <input checked="" type="checkbox"/> No         | <input type="checkbox"/> Major revision                |
|   |  | BPG Search:                                    |  |
|   |  | <input type="checkbox"/> The same title        |  |
|   |  | <input type="checkbox"/> Duplicate publication |  |
|   |  | <input type="checkbox"/> Plagiarism            |  |
|   |  | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

A good concise manuscript with new insight

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 33431

**Title:** Simple Instruments Facilitating Achievement of Transanal Total Mesorectal Excision in Male Patients

**Reviewer's code:** 03004220

**Reviewer's country:** Italy

**Science editor:** Ya-Juan Ma

**Date sent for review:** 2017-05-06

**Date reviewed:** 2017-05-12

| CLASSIFICATION                                    | LANGUAGE EVALUATION   | SCIENTIFIC MISCONDUCT                          | CONCLUSION   |
|---|---|--|--|
| <input type="checkbox"/> Grade A: Excellent       | <input type="checkbox"/> Grade A: Priority publishing                 | Google Search:                                 | <input type="checkbox"/> Accept                        |
| <input type="checkbox"/> Grade B: Very good       | <input checked="" type="checkbox"/> Grade B: Minor language polishing | <input type="checkbox"/> The same title        | <input type="checkbox"/> High priority for publication |
| <input checked="" type="checkbox"/> Grade C: Good | <input type="checkbox"/> Grade C: A great deal of language polishing  | <input type="checkbox"/> Duplicate publication | <input type="checkbox"/> Rejection                     |
| <input type="checkbox"/> Grade D: Fair            | <input type="checkbox"/> Grade D: Rejected                            | <input checked="" type="checkbox"/> No         | <input checked="" type="checkbox"/> Minor revision     |
| <input type="checkbox"/> Grade E: Poor            |   | BPG Search:                                    | <input type="checkbox"/> Major revision                |
|   |   | <input type="checkbox"/> The same title        |  |
|   |   | <input type="checkbox"/> Duplicate publication |  |
|   |   | <input type="checkbox"/> Plagiarism            |  |
|   |   | <input checked="" type="checkbox"/> No         |  |

## COMMENTS TO AUTHORS

Nice paper, although it is retrospective. Abstract and core tips should include some details about the "simple" instruments. Local recurrence rates should be reported for both groups.