

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 57648

Title: Narrow pelvic inlet plane area and obesity as risk factors for anastomotic leakage after intersphincteric resection

Reviewer's code: 04133239

Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Japan

Manuscript submission date: 2020-06-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-06-20 10:56

Reviewer performed review: 2020-06-20 13:11

Review time: 2 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 Grade E: Do not publish
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 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



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SPECIFIC COMMENTS TO AUTHORS

The author raised an important question in the field, however, he did not explain few major issues: What is the explanation that pelvic inlet surface area (and not the outlet area) impacts that much an anastomosis that is done manually trans-analy (through the pelvic outlet)? It is important to notice that is not only statistics that matters, but rather its explanation. Moreover, he recommended robotic surgery for better results, while he did not explain the original relation of the pelvic inlet to the transanally manually done anastomosis, which will not be done by the robot in all cases. The author considered open and laparoscopic set of patients together, which should not be the case, since the latter gives better vision in tight area as the pelvis.

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 57648

Title: Narrow pelvic inlet plane area and obesity as risk factors for anastomotic leakage after intersphincteric resection

Reviewer's code: 00040882

Position: Peer Reviewer

Academic degree: MD

Professional title: Research Associate, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: Japan

Manuscript submission date: 2020-06-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-06-22 12:34

Reviewer performed review: 2020-06-23 11:57

Review time: 23 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input checked="" 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 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

To the authors In the present manuscript the author investigate risk factors for anastomotic leakage after intersphincteric resection based on clinicopathological variables and in particular n the role of pelvimetry. The idea of the trial is good, however there are some points that need to be clarified Major points 1.You stated that anastomotic leak was defined as the presence of an anastomotic fistula during the first postoperative endoscopy or gastrographin enema . You mean that no patient in your series experienced fever, leukocytosis or CRP and pro-calcitonin serum levels increase which lead to further diagnostic laboratory or strumental finding ? No CT scan was performed ? (please specify) Moreover in the material and methods section there is no mention of how and when these controls were scheduled ? Do you routinely check all the anastomosis with endoscopy or with rigid rectoscope or only in the presence of clinical suspect of anastomotic leak ? At which day ? 2. In your series approximately 15% of the patients underwent preoperative neoadjuvant treatment (CT+RT). Nevethless you report almost 50 % of patients who are potentially candidate for neoadjuvant. Which are the criteria in your Hospital for neoadjuvant therapy ? In table 1, the distance of the tumor form the anal verge how is expressed in millimeters or centimeters (please specify). And adds all the other values in the table since is confounding In your series, operative time is extremely high, considering that the majority of patients have been operated using a laparotomic approach and considering that splenic flexure mobilization was rarely performed. Could you please comment on this With respect to the splenic flexure mobilization issue, when an intersphincteric resection is planned, flexure is routinely performed by the majority of authors in the literature, to avoid tension at the anastomotic site, Could you comment on this You stated that inferior mesenteric artery was ligated in only 5 patients ? is this true ?

What about oncologic adequacy ? Minor Points There are some grammatical errors that need to be corrected I.e table 1 : protain (protein) page 7 : introduction chapter : where access and visualization of the narrow pelvis difficult (the verb is lacking) and others.. I recommend a linguistic polishing

PEER-REVIEW REPORT

Name of journal: World Journal of Gastrointestinal Surgery

Manuscript NO: 57648

Title: Narrow pelvic inlet plane area and obesity as risk factors for anastomotic leakage after intersphincteric resection

Reviewer's code: 02978065

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: China

Author's Country/Territory: Japan

Manuscript submission date: 2020-06-19

Reviewer chosen by: AI Technique

Reviewer accepted review: 2020-06-21 08:24

Reviewer performed review: 2020-06-26 06:32

Review time: 4 Days and 22 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
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
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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



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SPECIFIC COMMENTS TO AUTHORS

This is a retrospective study and it reports that the Narrow pelvic inlet and obesity are independent risk factors for anastomotic leakage after ISR. Anastomotic leakage after ISR may be predicted from a narrow pelvic inlet plane area ($\leq 10,074 \text{ mm}^2$). I enjoyed reading the paper and the paper was interesting. I feel that it needs some more details about the techniques/procedure performed. I have a few comments. 1) When was the first postoperative endoscopy or gastrografen enema performed? 2) What was anal bougie? 3) What was the treatment for the patients with grade A and C leakage?

RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Position: Peer Reviewer

Academic degree: MD

Professional title: Professor

Reviewer's Country/Territory: Egypt

Author's Country/Territory: Japan

Manuscript submission date: 2020-06-19

Reviewer chosen by: Jia-Ping Yan

Reviewer accepted review: 2020-08-16 18:40

Reviewer performed review: 2020-08-16 20:41

Review time: 2 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
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
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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

I believe with the changes done to the manuscript, it has become acceptable.