

November 15, 2015

Dear Ze-Mao Gong,

Science Editor, Editorial Office

Baishideng Publishing Group Inc

RE:

Name of journal: World Journal of Gastroenterology

Manuscript NO.: 19674

Column: Review

Title: Laparoscopic colorectal surgery: current status and implementation of the latest technological innovations

Authors: Marta Pascual, Silvia Salvans and Miguel Pera

Thank you for the opportunity to revise our manuscript. Below is the response to reviewers' comments to support the revised manuscript. We look forward to your response.

Reviewer # 1

"Fast track program. The impact of fast-track program on postoperative recovery is really a topic in colorectal surgery. Thus postoperative management is an important issue not only in laparoscopy but also in open procedure. In my opinion, this topic is unsuitable for your thesis."

Response: We agree with the reviewer that to include fast-track program in the manuscript is unsuitable for our thesis because this postoperative management is important not only in laparoscopy but also in open procedure. For that reason we have deleted the discussion about enhanced recovery programs and laparoscopy that appeared in pages 7 to 9.

"CME for transverse colon. As the author mentioned, laparoscopic CME for transverse colon is considered to be difficult, and it has been excluded in most of clinical trials. Recently there are some reports about laparoscopic CME for transverse colon. These might progress attitudes and skills of colorectal surgeons. Please mention it."

Response: We thank the reviewer for this comment.

As mentioned, laparoscopic treatment of pathology in transverse colon and, particularly CME, has been considered to be difficult. For that reason, in prior trials, the transverse colon was excluded from the analysis. However, more recent studies have reported similar perioperative clinical and acceptable pathological outcomes compared with laparoscopic surgery for colon cancer in other locations. According to the reviewer's comment we have mention this evolution

in laparoscopic skills and the results of these trials. We have added the comments and references in page 12.

“Caution with laparoscopic surgery for rectal cancer. The author should mention about the disparity of the results of CLASSIC I study. I think that the improved skills and instruments in laparoscopic surgery might affect on this disparity. The author should mention about history of laparoscopic surgery for rectal surgery.”

Response: Thank you for this comment.

We acknowledge that in the first version of our manuscript we did only mention the current status of surgery for rectal cancer but we agree it is important to include in the discussion the complications and concerns with laparoscopic anterior resection in early trials. We have included a comment in page 11.

“Patterns of recurrence. In 1990’s. Laparoscopic surgery was considered to enhance peritoneal dissemination. The author should mention about the current status of this issues.”

Response: We thank the reviewer for this comment.

We had already mentioned in the Introduction (now General considerations) that the possibility of causing port-site metastases and peritoneal dissemination was a subject of controversy in the early case series of patients who had laparoscopic colectomy for cancer. According to the reviewer comment we have expanded this topic and mentioned the current status of this issue. We have added these comments and references in pages 5 and 6.

“Inflammatory bowel disease. Laparoscopic surgery for inflammatory bowel disease is also topics in colorectal surgery. The author should discuss about it.”

Response: We thank the reviewer for this comment.

We agree with the reviewer that inflammatory benign disorders such as inflammatory bowel disease are an important topic in colorectal surgery and our manuscript was more focused in colorectal cancer. We have included a discussion about the indication and the reported results of laparoscopic ileocolic resection and restorative proctocolectomy compared with the open approach (pages 6-8).

“Intracorporeal functional end to end anastomosis. Several studies reported the benefits of intracorporeal anastomosis for colon cancers. Please introduce it.”

Response: Thank you for this interesting comment.

We thank the reviewer for this interesting comment that will improve our manuscript.

We have reviewed recent reports and several meta-analyses, and included this topic in the Recent Controversies section (pages 12-13).



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Reviewer # 2

"This is a very comprehensive review article regarding the features of laparoscopic colorectal surgery. The reference list covers the most important studies, the structure of the text is reasonable and consistent."

Response: We want to thank the reviewer this comment.

We greatly appreciate the comments provided by the reviewers and editor. We hope we have adequately addressed all of the comments with our response and look forward to any additional comments you have.

Sincerely,

A handwritten signature in black ink, appearing to be 'M. Pera', written in a cursive style.

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