

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 19674

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

Reviewer's code: 02536872

Reviewer's country: Germany

Science editor: Ze-Mao Gong

Date sent for review: 2015-05-20 11:18

Date reviewed: 2015-08-08 02:06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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"/> 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 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

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.

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 19674

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

Reviewer's code: 03317073

Reviewer's country: Japan

Science editor: Ze-Mao Gong

Date sent for review: 2015-05-20 11:18

Date reviewed: 2015-08-25 18:03

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 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

This is a well-written summary for the current status of laparoscopic colorectal surgery. As the author mentioned in this manuscript, it is important to clarify the indication and limitation of laparoscopic surgery according to the available evidence in terms of safety and feasibility. 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. 2. 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. 3. Caution with laparoscopic surgery for rectal cancer The author should mention about the disparity of the results of CLASICC 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. 4. Patterns of recurrence In 1990s, laparoscopic surgery was



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considered to enhance peritoneal dissemination. The author should mention about the current status of this issues. 5. Inflammatory bowel disease Laparoscopic surgery for inflammatory bowel disease is also topics in colorectal surgery. The author should discuss about it. 6. intracorporeal functional end to end anastomosis Several studies reported the benefits of intracorporeal anastomosis for colon cancers. Please introduce it.