

Dear Editor, we have now revised our manuscript according to the peer review report. First of all we wish to thank the reviewer to allow to improve the manuscript. Here are the response:

1- Endoluminal vacuum-assisted therapy to treat rectal anastomotic leakage: a critical analysis 1. It is an opinion review, which according to the entry criteria does not meet the assignment of admission to the journal. Does it have to be a systematic review? (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study

This is an "invited article". According to Journal guidelines, the following are the manuscript types for submission, which includes "Opinion review":

GUIDELINES FOR MANUSCRIPT PREPARATION, SUBMISSION, AND MANUSCRIPT FORMAT

4.1 Editorial

4.2 Frontier

4.3 Diagnostic Advances

4.4 Therapeutic Advances

4.5 Field of Vision

4.6 Minireview

4.7 Review

4.8 Topic Highlight

4.9 Opinion Review

4.10 Basic Study

4.11 Case Control Study

4.12 Clinical Trials Study

4.13 Observational Study

4.14 Prospective Study

4.15 Randomized Clinical Trial

4.16 Randomized Controlled Trial

4.17 Retrospective Cohort Study

4.18 Retrospective Study

4.19 Evidence-Based Medicine

4.20 Systematic Review

4.21 Meta-Analysis

4.22 Scientometrics

4.23 Case Report

4.24 Letter to the Editor

2- The individual parts could be better reworked, this is a large amount of information, which should be even better divided, so that the article is more clear and compact and the authors' ideas more closed.

The article has been further divided into smaller separated chapters so that it became more readable. Additionally, it has been reworked, hopefully to improve in clarity.

3- The authors talk about the lack of inclusion criteria, but do not mention them at all for the cited authors. This is only stated in the introduction in general, and as if it later fell out of the article.

A chapter and a table describing the inclusion criteria in the literature articles has been added

4. In the abstract the authors state the sentence - Nevertheless, despite this procedure is gaining acceptance among the surgical community, indications, inclusion criteria and definitions of success are not yet standardized and extremely heterogeneous, making difficult to reach definitive conclusions and to ascertain which are the real benefit of this new procedure.

We included this sentence in the abstract to underline the limitations of the currently available data. Actually, the purpose of the present review is to critically analyze the results of the EVT with the aim of helping the physician to better interpret the data when considering a conservative approach to a dreaded complication such as extraperitoneal anastomotic leak.

5. Poor functional outcomes after low rectal resection are much talked about, and there have been few studies comparing these functional outcomes after TME or TaTME in terms of LARS and incontinence, with functional outcomes after complicated treatment of anastomotic leak with endosponge or another method. It is very difficult to evaluate this or to do an international study, even if it was well designed with strict criteria, because the heterogeneity of patients and a number of factors is really large. Therefore, these sentences should not be the final words of the authors in their review. The descriptive article does not require this.

We agree that it would be almost impossible to design a study to evaluate functional results since there are too many variables influencing the ano-rectal function. However we aimed at suggesting more well designed studies to evaluate this issue. Nevertheless, according to the suggestion, the phrase has been removed

6. The authors selected and annotated studies do not say in detail about dehiscences from the point of view of blood flow to intestinal segments. Would the use of ICG mapping transanally in the perioperative assessment of this complication change the treatment strategy? I miss this in the article.

We agree that the recent introduction of the ICG mapping transanally is of interest and will probably influence the decision making process in the management of anastomotic leak after low anterior resection of the rectum. A paragraph has been added in the text.

7. If we talk about the deterioration of the oncological prognosis of patients in the review article, it is appropriate to cite the source, even if we are primarily concerned with functional outcomes.

The reference about oncological prognosis has been added.

8. Surgery is a more technical field, it would be appropriate to include a technical demonstration of the EVT procedure itself. Did any of the authors use the connection of the endosponge system to a higher vacuum, say using NWPT devices? This would ultimately be another of the variable factors of the international study that the authors recommend.

A description of the vacuum system and of the procedure, along with pictures, has been added. Additionally we reported the preferred method to obtain the vacuum in the literature articles.

#2

We had the manuscript re-edited by a native English speaker and revised all the abbreviation in the manuscript.

As far as the "Article Highlights" section, according to the "Guidelines for manuscript preparation, submission and format" no Article highlights section is required for Opinion Review article.