



PEER-REVIEW REPORT

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72636

Title: Anorectal dysfunction in patients with mid-low rectal cancer after surgery: a pilot study with three-dimensional high-resolution manometry

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00057665

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor, Surgeon

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2021-11-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-04 18:03

Reviewer performed review: 2021-11-04 19:02

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input checked="" type="checkbox"/> Grade A: Priority publishing <input 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



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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 manuscript reports a preliminary study of the impact of rectal cancer treatment on anal function using 3D US. I have the following comments and questions: 1. What method was used to define the distance between the tumor and the anal verge? Was the same one used in every patient? 2. Were sexual practices investigated? Was anal sex practiced by patients? 3. Why were Fisher exact and Mann-Whitney tests used? It should be explained. 4. Why didn't the authors carry out a multivariable analysis? 5. Discussion is too long. It should be shortened.



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Peer-review model: Single blind

Reviewer's code: 03468910

Position: Editorial Board

Academic degree: PhD

Professional title: Assistant Professor, Surgeon

Reviewer's Country/Territory: Italy

Author's Country/Territory: China

Manuscript submission date: 2021-11-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-11-18 17:46

Reviewer performed review: 2021-11-22 09:49

Review time: 3 Days and 16 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 checked="" type="checkbox"/> Grade A: Priority publishing <input 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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Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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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

The pathophysiological mechanism of LOW ANTERIOR RESECTION SYNDROME (LARS), after surgery for mild-low rectal cancer has not been fully investigated. The Authors evaluated a population of patients undergoing questionnaire to get rectal cancer and surgery-related information and about defecation symptoms, three and six months after surgery. The Authors also evaluated patients by Three- dimensional high-resolution anorectal manometry (3D HR-ARM). The LARS decreased over time after surgery. The Authors concluded that anorectal dysfunction, focal pressure defects of anal canal and spastic peristaltic contractions from new rectum to anus post-operatively might be the major pathophysiological mechanism of LARS. The manuscript is good. The limits of this manuscript are the small sample size and the short follow-up. I believe that this manuscript is to be published on World journal of Clinical Cases.



RE-REVIEW REPORT OF REVISED MANUSCRIPT

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Manuscript NO: 72636

Title: Anorectal dysfunction in patients with mid-low rectal cancer after surgery: a pilot study with three-dimensional high-resolution manometry

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 00057665

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor, Surgeon

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2021-11-04

Reviewer chosen by: Yu-Lu Chen

Reviewer accepted review: 2022-01-11 16:28

Reviewer performed review: 2022-01-11 16:31

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input checked="" type="checkbox"/> Grade B: Very good <input 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 checked="" type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Peer-reviewer	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous



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statements

Conflicts-of-Interest: [] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for addressing the questions appropriately.