

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3685

Title: Anus-preserving rectectomy via telescopic colorectal mucosal anastomosis for low rectal cancer: Experience from a Chinese cohort

Reviewer code: 00181826

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-05-14 12:33

Date reviewed: 2013-05-18 16:07

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[Y] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[] Grade B (Very good)	[] Grade B: minor language polishing	[] Existed	[] High priority for publication
[] Grade C (Good)	[] Grade C: a great deal of language polishing	[] No records	[] Rejection
[] Grade D (Fair)	[] Grade D: rejected	[] Existed	[] Minor revision
[] Grade E (Poor)		[] No records	[] Major revision

COMMENTS

COMMENTS TO AUTHORS:

Title accurately reflects the major topic and contents of the study. Abstract gives a clear delineation of the research background, objectives, materials and methods, results (including important data) and conclusions. Methods used are innovative and advanced. Detailed description is provided to allow other investigators to reproduce or validate authors' findings. Results provide sufficient evidence to draw firm scientific conclusions. Sample size and statistical data, especially graphic data, are adequate for a clinical study. Discussion is well organized, and provides systematic theoretical analyses and valuable conclusions. References are appropriate, relevant, and updated.

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3685

Title: Anus-preserving rectectomy via telescopic colorectal mucosal anastomosis for low rectal cancer: Experience from a Chinese cohort

Reviewer code: 00074328

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-05-14 12:33

Date reviewed: 2013-05-24 02:06

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	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"/> Existed	<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"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

Title reflects the study contents, which is innovative and is of interest for surgical community.

However, I have some comments on presentation and evaluation of results.

Major Comments

The aim of the study is somehow dispersed - "In this study, we summarized the influential factors for high-incidence anastomotic leakage after sphincter-preserving surgery in radical rectal resection (8.1%-18%), including anastomotic skills, blood supply and tension of the anastomotic stoma", and the main end-point is not clearly defined, as well as the additional end-points. As this is a retrospective clinical study, selection bias is absolutely inevitable, and the results should be presented and evaluated cautiously. Moreover, the authors did not mention methods of data collection used. Majority of published clinical data is in Chinese, some abstracts are available, so not-Chinese speaking readers will not be able obtain additional information from published sources.

The authors are describing low, but not the ultra-low rectal cancers (E. Rullier, Dis Colon Rectum, 2013), however, they "compare" and discuss peculiarities of anastomosis formation after inter-sphincteric resections with TCMA, and it is not fair.

There are numerous instruments measuring QoL function, such as Karnofsky scale, EORTC-C30, EORTC-CR38, SF-36, PGWBI, FIQL, PAC-QoL, ICIQ-SF, Stoma-QoL, AMS, Wexner's score, obstructed defecation syndrome (ODS) score, etc. It would be appropriate to give more extended evaluation of anal continence with subsequent possibility to compare results from different clinical

studies.

In spite of feasibility and safety of the described procedure, the authors need to run RCT to prove superiority of this method and to proclaim it a “standard procedure”. Consequently I would advise about less categorical conclusions - “In comparison with APR, this modified treatment can significantly improve patient quality of life. TCMA could be one of the standard surgical options in treating low rectal cancer.” To repeat myself this sort of conclusion may be discussed only after well designed and sufficiently powered prospective randomized controlled clinical trial is completed.

Minor comments

The last sentence in “surgical technique” (page 5) is incomprehensible.

The authors have shown all 6 patients with T4 had received perop Chemoradiation, and there were no T4 patients at surgery Table 1. On page 5, however it is stated that patients with T4 or positive CM were given postop RT. And it is absolutely unclear how many patients were treated this way.

Surgical techniques are described twice (page 5 and page 9), and this is an unneeded repetition.

Bibliography

The reference list is rather out-dated, the most recent citation coming from 2007, and it is already 6 years old!

ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

Ms: 3685

Title: Anus-preserving rectectomy via telescopic colorectal mucosal anastomosis for low rectal cancer: Experience from a Chinese cohort

Reviewer code: 02441703

Science editor: s.x.gou@wjgnet.com

Date sent for review: 2013-05-14 12:33

Date reviewed: 2013-05-24 10:26

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input checked="" 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"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)		BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS

COMMENTS TO AUTHORS:

Thank you for your new technologic study on lower rectal cancer. 1. You described the tumor staging assessed by MRI after neoadjuvant therapy, but your data was pathologic stage after neoadjuvant therapy in you table 1. I think the table 1. is not important in your article. You would be better to describe the response rate such as PR or CR. 2. In your TCMA procedure, I want to know the reason of preserving rectal muscular tube. Would you tell the reason to prevent leakage or others. The distal resection margin means the whole rectal wall. 3. In your article, the comments after discussion are additional repeat of discussion. 4. In table 2, you don't need the preoperative tumor stage.