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ESPS Peer-review Report

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 3916

Title: Fast-track rehabilitation vs conventional care in laparoscopic colorectal resection for colorectal

malignancy: a meta-analysis **Reviewer code:** 00505590 **Science editor:** Song, Xiu-Xia

Date sent for review: 2013-06-02 12:13 **Date reviewed:** 2013-06-15 00:32

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

COMMENTS TO AUTHORS

The authors present a systematic review and meta-analysis on an important and timely topic in colorectal surgery. The new paradigm of short hospital lengths of stay in surgical patients is perhaps best represented by the fast-track movement in colorectal surgery. The following points should be addressed by the authors: Publication search The authors note in Figure 1 that there were no studies found by additional methods. I believe that any studies found by cross-referencing the papers identified from pubmed should fall in this category. Additionally, the authors note that 5 studies were excluded because there were no extractable dates. What does this mean and did the authors attempt to contact the study investigators for clarification? Study Selection What are the 17 FT items? This should be specified. Results->Search Results The authors identified 6 studies all from 2011 and 2012. However, Gouvas et al Int J Colorectal Dis (2009) 24:1119-1131 did a very similar meta-analysis and found 11 studies (see page 1123 of their article). Li and colleagues note in their publication search that they "scanned for additional articles" from the reference lists of identified studies. How did these studies analyzed by Gouvas et al not make their list of included studies? To provide a useful meta-analysis, the authors must include all relevant studies which clearly they have not. The analysis, figures/tables, results, and discussion must be repeated with all relevant studies included. Based on Gouvas et al I do not think the ultimate conclusion will differ, however as it stands now the manuscript draft is unacceptable for publication primarily due to a failure to include all relevant studies. Wound infection What definition of wound infection was used? Please also use the term "surgical site infection." Discussion section Remove all passive voice. There are multiple punctuation and grammar errors. "...10.1% of the men required



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re-operation for anastomotic leak vs 3.3% of the women.." this is new data not presented in the methods or results section and thus does not belong in the discussion section. There should be no new data presented in the discussion section. Move this to the results section and describe your methodology in the methods section. "Better cooperation of patients can bring better outcomes..." For this entire paragraph, did LFT study the role of bowel prep and timing of last meal? Also, I do not see this as a topic of patient cooperation, rather it is in the instructions we provide our patients. "Several studies have shown that American Society of Anesthesiologists..." Is this single paragraph meant to be a stand-alone paragraph? Also this is one of the many uses of passive voice that should Reference 17 (Gouvas et al) is perhaps the best meta-analysis to date on this topic. be corrected. Why have the authors excluded this work from their discussion section? Table 1 Title. This is only 6 studies, not 15. Figure 3. I am not sure that this adds anything to the paper. By super-imposing all subgroup analyses, it also gives the impression that many more than 6 studies were included. When the authors repeat their analysis with the additional studies they should have found (see Gouvas and my prior comment), perhaps they should repeat this figure but have a separate plot of each sub-analysis.



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

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It would be even of greater interest if subgroup analysis (colon cancer and rectal cancer) can be done.