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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 19725

Title: Laparoscopic extended surgery beyond total mesorectal excision for rectal cancer

Reviewer's code: 03035863

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2015-05-20 09:10

Date reviewed: 2015-07-19 22:36

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input 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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

A) MAJOR POINTS FOR GENERAL COMMENTS This invited review is a interesting topic, because of what is reported in the literature regarding this challenging pathology, both in terms of surgical and medical oncology, is still under discussion. It seems that the article is mainly focused on feasibility of the laparoscopic approach versus open surgery, especially in terms of some intraoperative and histopathologic features (in addition the attached images are of excellent quality and anatomically educational). If so, I think it is an article on technical feasibility and safety of a demanding miniinvasive surgical technique versus traditional approach. You do not make notes on post-operative specific complications (eg anastomotic fistula, intra-abdominal collections, changes in bowel or urinary or genital function): these features should be showed. In summary, it is not clear if this review is on technical aspects or a technical comparison between laparoscopic versus open surgery or a review of intraoperative and post-operative surgical outcomes.

B) SPECIFIC COMMENTS FOR ARTICLE SECTIONS TITLE The title should contain specific words as reported in the article ".....excision for ADVANCED rectal cancer", or ".....excision for LOCALLY ADVANCED AND RECURRENT rectal cancer" A subtitle could be present specifying that it is a



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review on technical aspects or surgical outcomes, if this is the authors' core tip. **ABSTRACT** Also here it seems that this review is focused mainly on technical aspect. May be useful to summarize also something about intraoperative and post-operative complication during laparoscopic approach versus laparotomy. Please provide clear delineation between background, objectives, material and methods, results and conclusions. **MATERIAL AND METHODS AND RESULTS:** Refine the structure of the material and methods and results, better specifying the medical databases employed (like PubMed, Medline, Embase, etc.) and which was the modality for articles' selection. For a review, a well organized material and method section and a brief chapter reporting results of articles selected and their main outcomes (also with tables) should be setted. **DISCUSSION:** Structuring the discussion into chapters it's ok, but a clear division between outcomes (to report in the **RESULT** paragraph) and comment (in the **DISCUSSION** paragraph) is preferable. It is not clear if this is a revision based on technical feasibility of LPLD + TME and / or a comparison between laparoscopy and laparotomy? Or a comparison on surgical intraoperative and postoperative outcomes? If the article is a review on intraoperative and short-term results after extended TME for advanced locally and recurrent rectal cancer, you should also report more results on them, in order to make this session more clearly readable as a review. In fact there is no mention on mortality, specific morbidity related to this demanding surgery; in addition the case studies reported in the literature and showed in this article are limited to a few cases, without follow-up cancer even in the medium-short term. Reporting in any chapters something about the rates of specific complications (fistula, pneumonia, postoperative ileus, acute urinary retention, etc typical of rectal surgery) - if published - would be useful to do; alternatively reporting that any result has not been described or only in summary. For example more data, may be with an additional more detailed table, regarding post-operative complications and their percentage in laparoscopy and in open surgery should be reported. If the article is focused only on technical and intraoperative aspects, it would be more useful that resulted more clear from the title and content; otherwise you have to add data and information mentioned above. Under the heading "laparoscopic lateral pelvic lymph dissection" it was written that the LPLD is considered "futile" in Western countries. Perhaps it would be better to replace



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 19725

Title: Laparoscopic extended surgery beyond total mesorectal excision for rectal cancer

Reviewer's code: 03253747

Reviewer's country: Spain

Science editor: Jing Yu

Date sent for review: 2015-05-20 09:10

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> [Y] Grade B: Very good	<input type="checkbox"/> [Y] 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"/> [Y] No	<input type="checkbox"/> [] Minor revision
<input type="checkbox"/> [] Grade E: Poor		BPG Search:	<input type="checkbox"/> [] Major revision
		<input type="checkbox"/> [] The same title	
		<input type="checkbox"/> [] Duplicate publication	
		<input type="checkbox"/> [] Plagiarism	
		<input type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

Very good review of the literature with conclusions according to actual evidence. Ready for publication.



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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 19725

Title: Laparoscopic extended surgery beyond total mesorectal excision for rectal cancer

Reviewer's code: 00040529

Reviewer's country: Italy

Science editor: Jing Yu

Date sent for review: 2015-05-20 09:10

Date reviewed: 2015-05-31 21:02

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> [Y] Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> [Y] Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> [] High priority for publication
<input type="checkbox"/> [Y] Grade C: Good		<input type="checkbox"/> Duplicate publication	
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<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input type="checkbox"/> [Y] No	<input type="checkbox"/> [] Minor revision
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> [Y] No	

COMMENTS TO AUTHORS

This is an interesting review on Laparoscopic extended surgery beyond TME for rectal cancer. The paper is well written and updated. Table and illustrations help for comprehension.