

## PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology

**Manuscript NO:** 36880

**Title:** Surgical Specimen Extraction via Prophylactic Ileostomy Procedures: A Minimally Invasive Technique for Laparoscopic Rectal Cancer Surgery

**Reviewer's code:** 02575643

**Reviewer's country:** Italy

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-11-02

**Date reviewed:** 2017-11-04

**Review time:** 2 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		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

This is an interesting paper which describes an innovative detail in laparoscopic colorectal resection for cancer. Probably, the paper is more appropriate for a surgical journal than for a gastroenterology journal. There are few points to be made, which should be addressed in the discussion, if the paper will be considered for publication in WJG. 1-The main concern with this technical detail is a possible cancer cells spread in the abdominal cavity, removing the specimen through the ileostomy site. This is a theoretical risk. In the experience of the Authors, they seem did not find any problem related to intraperitoneal and skin cancer cell spread. However, the risk remains. This point should be addressed in the discussion 2- This is retrospective study, with inevitable biases. The surgeons in the initial experience did not have enough confidence with the procedure. When they used the modified technique, for sure, the Authors had

more experience. So the small differences in results could be related to the increased experience in laparoscopic colorectal resection, rather than to the modified technique. 3-Schematic drawings describing the modified technique could be useful for an easier understanding by the readers.

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**Reviewer's code:** 00042390

**Reviewer's country:** Guatemala

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-11-02

**Date reviewed:** 2017-11-08

**Review time:** 6 Days

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	<input type="checkbox"/> The same title	<input type="checkbox"/> [ ] High priority for
<input type="checkbox"/> Grade C: Good	polishing	<input type="checkbox"/> Duplicate publication	publication
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> [ ] Rejection
<input type="checkbox"/> Grade E: Poor	language polishing	<input type="checkbox"/> [ Y] No	<input type="checkbox"/> [ ] Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

Needs some grammatical corrections since the Summary

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**Manuscript NO:** 36880

**Title:** Surgical Specimen Extraction via Prophylactic Ileostomy Procedures: A Minimally Invasive Technique for Laparoscopic Rectal Cancer Surgery

**Reviewer's code:** 03475728

**Reviewer's country:** Italy

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-11-02

**Date reviewed:** 2017-11-08

**Review time:** 6 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" 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 checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Dear Editors, first of all I thank you for the opportunity of reviewing this manuscript by Dr Wang and coll. It is overall a very interesting paper; the use of the ileostomy site as the site of rectal cancer specimen extraction is sensible and may offer some advantages that the authors reports in their retrospective experience. Nevertheless, the use of the ileostomy site as specimen extraction site, has already been described, even as single-port placement site , for example in the field of inflammatory bowel disease other than rectal cancer; and this should be mentioned and referenced (e.g. Transanal endoscopic total mesorectal excision combined with single-port laparoscopy. Dumont F, Goéré D, Honoré C, Elias D. Dis Colon Rectum. 2012 Sep;5; Single-port laparoscopic restorative proctocolectomy with ileal-pouch anal anastomosis using a left lower quadrant ileostomy site - a video vignette. Benlice C, Gorgun E. Colorectal Dis. 2016 Aug)



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The authors should also argue about their choice of using a “vertical” incision in the lower abdomen as specimen extraction in the standard group. Several surgeons use horizontal incisions instead, that are supposed to give advantages in terms of pain control and prevention of postoperative incisional hernia, other than offering cosmetic benefits. This should be at least discussed by authors in the discussion section. The theoretical possibility of achieving better outcomes with horizontal lower quadrants incision might mitigate the benefits reported from the “ileostomy extraction” site. Lastly, this paper might be probably more appropriate for a surgical journal; in fact, I am not convinced that the topic completely falls into the aim of WJG.

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**Manuscript NO:** 36880

**Title:** Surgical Specimen Extraction via Prophylactic Ileostomy Procedures: A Minimally Invasive Technique for Laparoscopic Rectal Cancer Surgery

**Reviewer's code:** 03003301

**Reviewer's country:** United States

**Science editor:** Ze-Mao Gong

**Date sent for review:** 2017-11-02

**Date reviewed:** 2017-11-10

**Review time:** 8 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	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"/> The same title	<input type="checkbox"/> High priority for publication
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		<input checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Thank you for choosing me for the reviewer of manuscript entitled "Surgical Specimen Extraction via Prophylactic Ileostomy Procedures: A Minimally Invasive Technique for Laparoscopic Rectal Cancer Surgery". They concluded that Surgical specimen extractions via prophylactic ileostomy procedures represent a secure and feasible approach to laparoscopic rectal cancer surgery by comparing various kinds of factors including surgical, pathological, and postoperative facts. However, this technique is not new and there are many reports which use this technique, laparoscopic total colectomy for example. There are some comments to the author: Major: 1. As I mentioned, the feasibility of this procedure is already reported in many previous published paper. For example, laparoscopic total colectomy for ulcerative colitis is now reported and the surgical specimens are extracted from the abdomen via prophylactic ileostomy. Even in

this more difficult and complicated surgery, the surgical outcome, postoperative outcomes are reported that this procedure is safe and feasible. Comparing to these kind of study, I highly respect the author's work and it may be important to look into these factors and confirm that the procedures are feasible and safe in the rectal cancer also, but I feel it is completely not new and can be difficult for the readers to be interested in it. 2. Many patient and surgery related factors are compared with statistical analysis and seems to be fair. However, author just compared the disease free survival and overall survival. In this type of report, I feel it would be more important to focus on the type of recurrence. Was there any local recurrence in the surgical site of ileostomy than the control group? I assume that the surgical specimen, especially the cancer, was squeezed out from the small hole of ileostomy site. I am more interested if this procedure creates more local recurrence or spread the cancer cells easily and have more metastasis, and so on. All the factors you are showing are expected data and not surprising, novel. 3. There are 11 patients in total with ASA score 4. Did these patients underwent same kind of surgery? If they are in ASA 4, I assume that it would be very limited surgery. 4. Eight patients had re-operation, why? As the author mentioned, anastomosis leakage is the most critical postoperative complication and this would be the main cause of the re-operation. However, that is the reason why they created ileostomy and they should state the reason of the re-operation even this is not significant difference between the two procedures. 5. Author pointed out that postoperative leakage cannot be prevented by rectal tube. However, there is a meta-analysis (Shigeta et al Surg Endosc. 2016) that rectal tube is effective to prevent the leakage and re-operation. This paper seems to be published after the cited paper. 6. Are you using the wound protector or surgical ring drape, or any kind of material to protect the wound from the infection or local recurrence? This fact should be stated.