

## PEER-REVIEW REPORT

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

**Manuscript NO:** 38726

**Title:** Subtotal colonic bypass plus colostomy with antiperistaltic cecoproctostomy for the treatment of slow transit constipation in an aged population: A retrospective control study

**Reviewer's code:** 03000421

**Reviewer's country:** France

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-03-16

**Date reviewed:** 2018-03-16

**Review time:** 4 Hours

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 type="checkbox"/> 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

This interesting study cannot be published as proposed because clinical and physiological information on constipation are missing. Clinically, do the patients take drugs that can induce constipation like opioids? In addition, what the terminal intestine free of pathologies. Physiologically, total and segmental colonic transit time before surgery are not indicated. It is important to assess the site of delay (transit constipation or outflow constipation) to estimate the surgical procedure.

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**Reviewer's code:** 02549032

**Reviewer's country:** Greece

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-03-16

**Date reviewed:** 2018-03-18

**Review time:** 2 Days

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input checked="" type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 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 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 one center retrospective cohort study on two laparoscopic surgical procedures for the treatment of slow transit constipation in aged population. The authors compared subtotal colonic bypass with antiperistaltic cecoproctostomy (SCBAC) to SCBCAC plus colostomy and concluded that SCBCAC plus colostomy is better procedure. The article is interesting for publication. Some minor issues are: 1. In the colostomy group the end-size anastomosis is end cecum to lateral rectum? This is not clear in the methods section. 2. What about data on colonoscopic surveillance in these groups? 3. Many parts of the discussion are the same as in the results. There is plagiarism in this way. 4. It would be more interesting to compare these results to older studies with subtotal colectomy with ileorectal anastomosis with the strategy of

colonic bypass. 5. Obviously permanent colostomy for benign disease did not influence quality of life in aged population. However, this could not be accepted for younger patient population. A comment of this is important.

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**Manuscript NO:** 38726

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**Reviewer's code:** 01206525

**Reviewer's country:** Romania

**Science editor:** Xue-Jiao Wang

**Date sent for review:** 2018-03-16

**Date reviewed:** 2018-03-19

**Review time:** 3 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 type="checkbox"/> 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"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input type="checkbox"/> No	

## COMMENTS TO AUTHORS

In this research paper Yang Y et al., present a new surgical approach for slow transit constipation, consisting of subtotal colonic by-pass plus colostomy with antiperistaltic cecoproctostomy. They validate the superiority of this technique by retrospectively comparing the results with one of the commonly used surgical method - subtotal colonic by-pass with antiperistaltic cecoproctostomy (no colostomy). The approach is interesting and the paper is mostly well written, but the structure is not optimal and the way the results are presented should be improved. Major remarks: 1) Statistical analysis paragraph 1 – this is a key paragraph of the study, try to make it clear how you compare the groups. There are two sentences in this paragraph which are almost identical and create confusion. 2) By far the weakest point of this paper are the way the results are

presented, which are very hard to understand, I have several requirements: - Page 12 - basic information and table 1 and 2, all the basic information and operative data should be included in only 1 Table, to be easy to follow and understand and when coming to preoperative data regarding WCS, NRS, ABS and GIQLI please calculate a p value to convince the reader that the two groups were matched. - Paragraph - surgical data and postoperative results - please add the p-values in text. - Paragraph - Functional recovery, needs to be rewritten, please present the data clearer, when do you compare between the same patient group over time and when do you compare between the two groups. I suggest having two subchapters - a. Functional recovery compared at different time points inside the same group and b. Functional recovery compared between groups; - Paragraph functional recovery - at one point you change the way you report the data, instead of mean and SD you start using percentages why? The NRS scale is from 1-10, you can still calculate the mean and SD for each group. - For the last paragraph of the results you can use Fischer test to compare the probability of having an emptying time < 72h. - The figures are far from optimal: please prepare only 1 figure with 5 panels for each of the parameters you study - WCI, WCS, ABS, NRS and GIQLI - 5 different graphs. Please add the p values inside the graphs and I do not understand why in figure 3 you have two different scores? - Figure legends contain also mistakes - figure 3 you write - 95% CI for GIQLI. Change this and also include P values in the legends. - Table 3 needs some formatting is very hard to read. 3) Discussion - the role of the discussion is not to repeat the results, but to comment the results. Remove all the numbers from discussions and add comments and also expend the paragraph on limitations. I am curious which are the limitations of the surgical approaches, what would you expect to encounter in a larger patient group? What complications? Etc. 4) Also a very curious point is that despite colostomy the GIQLI improves in the SCBCAC group. This observation should be extensively commented. Minor remarks: 1) The abstract is match too long - the authors should consider shortening it, especially the result part, which is over a page long (page 4). 2) In the introduction - page 6, two citations are missing: the sentence from line 3 to 5 - "In terms of treatments ..." this should be supported by a citation and lines 12-15 - sentence "The other surgical approach ..." please add citation. 3) Page 8 - The inclusion criteria included - please avoid repetitive structures and the next sentence - diagnosis was consistent with Rome III diagnosis, chose other words. 4) Inclusion criteria number 4 is actually an exclusion criterion. 5) Exclusion criteria number 3 is actually very important - data from literature reports that 88% of patients who undergo surgery for constipation suffer from mental illness of rectal/vaginal abuse (it would be ideal also to exclude patients with any of these abuses). 6) Page 10, line 5 - a drainage tube was placed - please specify where the drainage tube was placed. 7) Page 10 - patient and data collection - 0-10 numerical rating scale, what



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kind of scale, probably you mean pain intensity NRS – please change. 8) We decided to study only Clavien Dindo complications defined as II or above, why? Motivate your choice or also include complications grade I. 9) Page 11 – line 8 – The variables were expressed as the mean (exclude the word the). 10) You say you used Pearson chi square – where? There are some comparisons where this test would have been necessary but I did not find any results. Moreover, Fischer is much better for small groups of samples – your case. 11) Page 11 – the average ages of patients were – please use singular (the average is only one).