



PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 67922

Title: Endoluminal vacuum-assisted therapy to treat rectal anastomotic leakage: A critical analysis

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer’s code: 05773602

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer’s Country/Territory: Czech Republic

Author’s Country/Territory: Italy

Manuscript submission date: 2021-05-10

Reviewer chosen by: AI Technique

Reviewer accepted review: 2021-05-16 16:24

Reviewer performed review: 2021-05-27 10:56

Review time: 10 Days and 18 Hours

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input type="checkbox"/> Minor revision <input checked="" type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



Peer-reviewer statements	Peer-Review: [<input checked="" type="checkbox"/>] Anonymous [<input type="checkbox"/>] Onymous Conflicts-of-Interest: [<input type="checkbox"/>] Yes [<input checked="" type="checkbox"/>] No
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SPECIFIC COMMENTS TO AUTHORS

Review of the article: Endoluminal vacuum-assisted therapy to treat rectal anastomotic leakage: a critical analysis

1. It is an opinion review, which according to the entry criteria does not meet the assignment of admission to the journal. Does it have to be a systematic review? (1) CARE Checklist (2013) - Case report; (2) CONSORT 2010 Statement - Clinical Trials study, Prospective study, Randomized Controlled trial, Randomized Clinical trial; (3) PRISMA 2009 Checklist - Evidence-Based Medicine, Systematic review, Meta-Analysis; (4) STROBE Statement - Case Control study, Observational study, Retrospective Cohort study; and (5) The ARRIVE Guidelines - Basic study. However, the topic is good, it is well evaluated according to the latest literature, but ..

2. The individual parts could be better reworked, this is a large amount of information, which should be even better divided, so that the article is more clear and compact and the authors' ideas more closed. The topic itself is broad. It is clear that a large amount of figures cannot be avoided. But it will be very confusing for the reader. In order for the article to be better accepted by the reader, it is necessary to rework these two things throughout the article. The authors talk about the lack of inclusion criteria, but do not mention them at all for the cited authors. This is only stated in the introduction in general, and as if it later fell out of the article.

3. The topic itself is well chosen, there is a lot of discussion about the risk factors of anastomotic leaks, but less about the possibility of their correction in a comprehensive overview. Every colorectal surgeon operating on the middle and lower rectum must encounter this problem of complications. The team of authors of the article certainly has its detailed plan for solving this complication. There are not many similar articles or



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recommendations with clear criteria, as the authors themselves state. This is why the review is well chosen and should benefit more from this. The reader was offered a certain consensus or a proposal for standardization of the procedure, let's say from his own experience, although this is probably not the primary intention of the authors. However, already in the abstract the authors state the sentence - Nevertheless, despite this procedure is gaining acceptance among the surgical community, indications, inclusion criteria and definitions of success are not yet standardized and extremely heterogeneous, making difficult to reach definitive conclusions and to ascertain which are the real benefit of this new procedure. 4. Poor functional outcomes after low rectal resection are much talked about, and there have been few studies comparing these functional outcomes after TME or TaTME in terms of LARS and incontinence, with functional outcomes after complicated treatment of anastomotic leak with endosponge or another method. It is very difficult to evaluate this or to do an international study, even if it was well designed with strict criteria, because the heterogeneity of patients and a number of factors is really large. Therefore, these sentences should not be the final words of the authors in their review. The descriptive article does not require this. 5. 6... Other comments are - the authors selected and annotated studies do not say in detail about dehiscences from the point of view of blood flow to intestinal segments. Would the use of ICG mapping transanally in the perioperative assessment of this complication change the treatment strategy? I miss this in the article. Likewise, if we talk about the deterioration of the oncological prognosis of patients in the review article, it is appropriate to cite the source, even if we are primarily concerned with functional outcomes. Surgery is a more technical field, it would be appropriate to include a technical demonstration of the EVT procedure itself. Did any of the authors use the connection of the endosponge system to a higher vacuum, say using NWPT devices? This would ultimately be another of the variable factors of the international study that



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the authors recommend. I recommend reworking the article for these comments.