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PEER-REVIEW REPORT

Name of journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 90900

Title: Feasibility and safety of minimally invasive multivisceral resection for T4b rectal cancer: A 9-year review

Provenance and peer review: Invited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04156582
Position: Peer Reviewer
Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Italy

Author's Country/Territory: Singapore

Manuscript submission date: 2023-12-22

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-25 09:12

Reviewer performed review: 2023-12-28 13:28

Review time: 3 Days and 4 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [ ] Grade C: Good [Y] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No creativity or innovation

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Scientific significance of the conclusion in this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [Y] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [Y] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1 Title. the title reflects the main subject/hypothesis of the manuscript. 2 Abstract. The Methods and Results sections are too long. The Core Tip section should be focused on the message of the manuscript, non just on summarizing the main results. 3 Key Words. I suggest to include “Multivisceral resection”, as a key word. 4 Background. The manuscript adequately describes the background, present status and significance of this study. However, this section could be shortened. The paragraph about colorectal cancer screening in Singapore may be removed. 5 Methods. No information is provided on the preoperative diagnostic work-up. How did the authors diagnosed cT4b rectal tumors ? did the patients have an appropriate preoperative staging with magnetic resonance imaging and/or endocopic ultrasound ? were all the patients peroperatively diagnosed with cT4b tumors confirmed as pT4b by postoperative pathological examination ? how many patients were preoperatively diagnosed with cT1-3 stage tumors and found to have T4b stage as an unexpectd intraoperative/pathological finding ? Were patients discussed in multidisciplinary tumor boards ? The treatment guidelines adopted at the authors’ institution for locally advanced rectal tumors has to be summarized. The

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authors sate that patients with systemic metastases with non-resectable disease were excluded and were referred for palliative chemotherapy with or without radiotherapy. Did any patient become resectable after CT +/- RT ? were any of such patients included in the study ? please, specify. 6 Results. No information are provided on the use of preoperative radiotherapy, that is a mainstay of treatment in locally advanced rectal tumors. Analogously, no information is provided on the distance from the tumors to the anal verge. Please, specify how many all-stage rectal tumor patients were treated during the study period. The study population id not described with sufficient details. It appears that patients diagnosed with a) cT4b primary rectal cancer; b) locally recurrent rectal cancer; and c) stage 4 disease with resectable systemic metastases who underwent MVR were included in the study. I presume that "patients diagnosed with …….. stage 4 disease with resectable systemic metastases" refers to patients with cT4b primary rectal cancer AND resectable systemic metastases", but this point is absolutely not clear in the text. The following information are not clear in the text and tables (and have to be provided): - How many patients with primary locally advanced rectal tumor vs. recurrent rectal tumor were included - How many patients with resectable distant metastases were included - Which surgical procedures were performed to resect distant metastases. Were distant metastases resected before, after or et the same time as multivisceral pelvic resections ? ,. 7 Discussion. The Discussion section is too long. It appears to be about 50% of the manuscript text. The main weakness of the present paper is the small number of cases: 46 patients in 9 years. That is 5 patients per year, on average, meaning that the authors' institution is not a large volume surgical unit for locally advanced rectal tumors. Also, the study population was dived in even smaller sub-categories: open (n=12), laparoscopic (n=13), and robotic (n=21). These small numbers limit the clinical significance of the present study. 8 Illustrations and tables. Figures are of sufficient, good quality and appropriately illustrative. Tables are not (see

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my comments at points 5, 6, and 7) 9 Biostatistics. Does the manuscript meet the requirements of biostatistics? NA 10 Units. Does the manuscript meet the requirements of use of SI units? it does 11 References. Literature references are appropriate. 12 Quality of manuscript organization and presentation. The style, language and grammar are appropriate? Regarding manuscript organization and presentation, please see my comments at points 5, 6, and 7) 13 Research methods and reporting. The authors have prepared their manuscripts according to STROBE Statement - 14 Ethics statements. It appears that the manuscript meets the requirements of ethics.

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Reviewer's code: 05077146
Position: Peer Reviewer
Academic degree: MD

Professional title: Chief Doctor, Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Singapore

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Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-12-27 07:22

Reviewer performed review: 2024-01-01 02:41

Review time: 4 Days and 19 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [ ] Grade B: Good [Y] Grade C: Fair [ ] Grade D: No novelty
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Re-review	[ ] Yes [Y] No
Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

1、The sample size is too small to evaluating OS or PFS, espacially for open group. Furthermore, there was no open surgery after 2020 in this study. The reliability of the this part is relatively poor. 2、In subgroup analysis, the patients in robotic group with more complicated lesions had better 3-year survival. How to explain this? Although, robotic surgery could be more precise in suture and dissection. 3、The morbility of postoperative complication for open group is too high. e.g. Ileus (66.7%), SCI (50%). Try to explain this in the disscusion.