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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Oncology
ESPS Manuscript NO: 8360
Title: Robotic Surgery for Colorectal Cancer: A Systematic Review of Current Practice
Reviewer code: 00058345
Science editor: Gou, Su-Xin
Date sent for review: 2013-12-27 10:45
Date reviewed: 2013-12-29 00:32

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[Y] Accept
[Y] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
The authors' have carried out a review of the literature on robotic colorectal surgery and done a fair job of it.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Oncology
ESPS Manuscript NO: 8360
Title: Robotic Surgery for Colorectal Cancer: A Systematic Review of Current Practice
Reviewer code: 02462242
Science editor: Gou, Su-Xin
Date sent for review: 2013-12-27 10:45
Date reviewed: 2014-01-06 09:12

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[ ] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[Y] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[ ] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[Y]Rejection
[Y] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

Robotic Surgery for Colorectal Cancer: A Systematic Review of Current Practice (ESPS Manuscript NO: 8360) 1. Authors must make it clear in the introduction and discussion sections the real reasons why a new revision should be published? Other authors have published reviews: Aly EH. Robotic colorectal surgery: summary of the current evidence. Int J Colorectal Dis. 2014;29(1):1-8. Scarpinata R, Aly EH. Does robotic rectal cancer surgery offer improved early postoperative outcomes? Dis Colon Rectum. 2013;56(2):253-62. Trastulli S, et al. Robotic resection compared with laparoscopic rectal resection for cancer: systematic review and meta-analysis of short-term outcome. Colorectal Dis. 2012;14(4):e134-56. 2. The data obtained do not allow for a meta-analysis? The authors could improve the explanations of the reasons for limiting the period (from January 2007 to November 2013)? Previous investigations adopted restrictions? More specifically, a similar study was published recently: Trastulli S, et al. Robotic resection compared with laparoscopic rectal resection for cancer: systematic review and meta-analysis of short-term outcome. Colorectal Dis. 2012;14(4):e134-56. In this previous systematic review, there was no limitation in the period assessed and a meta-analysis was performed. 3. "Robotic Surgery for ***Colorectal Cancer***: A Systematic Review of Current Practice". "This article aims to compare robotic-assisted ***rectal*** surgery with conventional laparoscopic rectal surgery for patients with ***rectal*** cancers. The current status of robotic ***rectal*** surgery focusing on its efficacy, feasibility and oncological safety will also be discussed." Please, authors should define the nomenclature used: rectal cancer versus colorectal cancer. 4. "Inclusion criteria for search include randomised and non-randomised controlled trials, comparison studies, case series and case report. The target population consists of patients aged >18 yrs with histologically proven rectal

cancers." I really can not understand how the studies cited below were not included, based on the criteria of the authors: Baek SJ, et al. Robotic versus laparoscopic coloanal anastomosis with or without intersphincteric resection for rectal cancer. Surg Endosc. 2013;27(11):4157-63. D'Annibale A, et al. Total mesorectal excision: a comparison of oncological and functional outcomes between robotic and laparoscopic surgery for rectal cancer. Surg Endosc. 2013;27(6):1887-95. Fernandez R, et al. Laparoscopic versus robotic rectal resection for rectal cancer in a veteran population. Am J Surg. 2013 t;206(4):509-17. Saklani AP, et al. Robotic versus laparoscopic surgery for mid-low rectal cancer after neoadjuvant chemoradiation therapy: comparison of oncologic outcomes. Int J Colorectal Dis. 2013;28(12):1689-98. 5. All sentences must be supported by references. All abbreviations should be the meaning the first time it appears in the text. 6. "Previous systematic reviews by Mirnezami et al. and Kanji et al. have reported similar outcomes to our study." Please, the authors could include these references or rewrite the sentence? 7. The authors included many references (36-45) in addition to references included in the systematic review itself. The authors should explore in more detail all the limitations of this study.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Oncology
ESPS Manuscript NO: 8360
Title: Robotic Surgery for Colorectal Cancer: A Systematic Review of Current Practice
Reviewer code: 02573214
Science editor: Gou, Su-Xin
Date sent for review: 2013-12-27 10:45
Date reviewed: 2014-01-08 22:48

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
[ ] Grade D (Fair)	[ ] Grade D: rejected	BPG Search:	[ ] Minor revision
[ ] Grade E (Poor)		[ ] Existed	[Y] Major revision
		[ ] No records	

COMMENTS TO AUTHORS
The work does not present any kind of originality, but it is a good review of the present "state of art". There are some recent articles which have not been considered. This article should be considered for published after a thoughtful revision.

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ESPS Peer-review Report
Name of Journal: World Journal of Gastrointestinal Oncology
ESPS Manuscript NO: 8360
Title: Robotic Surgery for Colorectal Cancer: A Systematic Review of Current Practice
Reviewer code: 02549348
Science editor: Gou, Su-Xin
Date sent for review: 2013-12-27 10:45
Date reviewed: 2014-01-12 17:40

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
[ ] Grade A (Excellent)	[Y] Grade A: Priority Publishing	Google Search:	[ ] Accept
[ ] Grade B (Very good)	[ ] Grade B: minor language polishing	[ ] Existed	[ ] High priority for publication
[Y] Grade C (Good)	[ ] Grade C: a great deal of language polishing	[ ] No records	[ ]Rejection
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[ ] Grade E (Poor)		[ ] Existed	[ ] Major revision
		[ ] No records	

COMMENTS TO AUTHORS

Authors must be congratulated for their work: it is interesting and certainly the reported data useful to the journal readers. Data have been reported according to the PRISMA guidelines for systematic reviews and metanalyses correctly. Minor review is advised before publication according to the following comments: 1. Title. The review is focusing on surgery for rectal cancer. Thus, title should be changed into: Robotic surgery for rectal cancer. A systematic review of current practice. The running title should be changed accordingly too. 2. Discussion and conclusion. Auhors state that current evidence has demonstrated that robotic surgery is feasible and safe and that good quality studies are still required to consolitaded its role in minimal invasive surgery. This is correct but further words of caution are required: data reported in this paper show that conversion rate was a little less in the robotic arms but not significantly and that intraoperative blood loss resulted significantly less in the robotic group only in one study. Postoperative morbidity was similar and functional results were also similar in both groups, as it was postoperative stay. In two studythe quality of mesorectal excision resulted significantly better in the robotic group, nevertheless there were no significant differences found in terms of locoregional recurrence, distant metastasis, total recurrence, 2- and 3-year disease-free survival. On the other site operative time is significantly longer in the robotic group and cost analysis showed robotic surgery be three time more expensive than laparoscopic surgery. Therefore, a final statement should include that potential benefits of robotic surgery are not yet proven and that whether higher costs justify these benefits is still a major quest.