

## ESPS PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 16763

**Title:** Low rectal cancer: Sphincter preserving techniques–selection of patients, techniques and outcomes

**Reviewer's code:** 02979531

**Reviewer's country:** United States

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-02-01 14:23

**Date reviewed:** 2015-02-08 15:10

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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

Informative and detailed review article of this topic. 1. Please shorten the abstract to include a summary of the review. Also please expand all abbreviations at first use in the abstract, 2. A table comparing different surgical techniques, oncological outcomes, complication and success rate and ideal patient selection criteria would be helpful in summarizing the text and of value to the readers.

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**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 16763

**Title:** Low rectal cancer: Sphincter preserving techniques–selection of patients, techniques and outcomes

**Reviewer's code:** 02548901

**Reviewer's country:** Ireland

**Science editor:** Xue-Mei Gong

**Date sent for review:** 2015-02-01 14:23

**Date reviewed:** 2015-02-01 22:06

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" 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 type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input checked="" 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 checked="" type="checkbox"/> No	

## COMMENTS TO AUTHORS

The authors should be commended on this review. A number of minor modifications should be made prior to acceptance. With the recent identification of mesenteric and fascial contiguity from duodenojejunal flexure to anorectal level we now have a precise nomenclature for all forms of resectional colorectal surgery.[1] A summary of this terminology is provided by Coffey et al in Techniques in Coloproctology [2]. For example, the core principles of mesenteric based surgery (i.e intact and extensive mesenterectomy) require peritonotomy (i.e. division of the pararectal peritoneal folds) followed by mesofascial separation (separation of the mesorectum from adjacent mesorectal fascia). This terminology is being applied to resectional colorectal surgery in efforts to improve standardisation. As a result I would suggest the authors adopt this terminology to align with the process of standardisation. This will also enhance readers' comprehension of the individual steps involved in each of the surgical modalities that are used to address low rectal tumors. An example of where this terminology should be utilised occurs in the paragraph which commences with "The operation consists of an abdominal and a perineal phase. The abdominal phase starts with high

ligation of the lower mesenteric vein and the lower mesenteric artery immediately after the emergence of the left colic artery, with or without splenic flexure mobilization. ....” In order to access and skeletonize the inferior mesenteric vein the peritoneum must be divided, and the left mesocolon mobilised via mesofascial separation. The authors would be helped by reference [1] in which the technical nomenclature and planes are explicitly detailed. the e importance of this cannot be overstated given the importance of mesocolic and mesosigmoidal mobilisation This is a highly technical article emphasizing the management of low rectal cancers and sphincter preservation. In order to achieve sufficient colonic “reach”, the left mesocolon, mesosigmoid and mesorectum must be individually tackled and mobilised. Although splenic flexure mobilization is certainly not a requirement in all cases, it is in most. As a result the authors should describe an approach to this at the outset. They could reference this thereafter. As emphasized above, and in the interest of standardization, they should describe splenic flexure mobilization using the anatomic descriptors provided by Coffey et al, as these are entirely anatomic based and universally reproducible. [2, 3]

1. Culligan, K., et al., The mesocolon: a histological and electron microscopic characterization of the mesenteric attachment of the colon prior to and after surgical mobilization. *Ann Surg*, 2014. 260(6): p. 1048-56. 2. Coffey, J.C., et al., Terminology and nomenclature in colonic surgery: universal application of a rule-based approach derived from updates on mesenteric anatomy. *Tech Coloproctol*, 2014. 18(9): p. 789-94. 3. Culligan, K., et al., Review of nomenclature in colonic surgery--proposal of a standardised nomenclature based on mesocolic anatomy. *Surgeon*, 2013. 11(1): p. 1-5.

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**Name of journal:** World Journal of Gastrointestinal Oncology

**ESPS manuscript NO:** 16763

**Title:** Low rectal cancer: Sphincter preserving techniques–selection of patients, techniques and outcomes

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**Reviewer's country:** China

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CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> [ Y] Accept
<input checked="" type="checkbox"/> [ Y] Grade B: Very good	<input checked="" type="checkbox"/> [ Y] 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"/> [ Y] 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"/> [ Y] No	

## COMMENTS TO AUTHORS

The manuscript is a thorough review regarding the sphincter perserving techniques of low rectal cancer and is well written. Minor comments as follow: 1) the rebuilt of the organization of the draft is highly recommended because the current organization is easy to confuse readers, i.e, with conclusion in each sections,and the "conclusion" for the whole draft change to 'summary' may be helpful. 2) the length of the draft is recommended to cut down by succinct description.