

Dear Lian-Sheng Ma, Science Editor, Company Editor-in-Chief, Editorial Office,

I am very honored to hear that my efforts are appreciated. I read the comments of the Editorial Office and peer review carefully. According to the comments of the reviewer, I revise the manuscript.

Reply to Reviewer 1:

**Reviewer comments, observations and suggestions. Criteria Checklist for New Manuscript Peer-Review**

1 Title. Does the title reflect the main subject/hypothesis of the manuscript?

ANSWER: Not. Because the authors did not take into consideration the comorbidities that some patients may present in addition to being overweight or obese, such as type 2 diabetes mellitus, systemic arterial hypertension, etc. and that they are important risk factors.

**Response: Thank you for your valuable advice. The comorbidities such as type 2 diabetes mellitus, systemic arterial hypertension are really important risk factors. We added these indicators in the study (Table1-2). Besides, our research included the ASA classification in the manuscript. ASA classification can reflect the comorbidities of patients including systemic arterial hypertension, etc. The patients are generally young, the ASA of patients enrolled in the study were either grade 1 or 2. No patients had serious comorbidities. We compared the ASA I and ASA II in the manuscript to determine whether the comorbidities have impacts on perioperative complications. Thanks for the comments of reviewers. We have added explanations about the comorbidities in the manuscript.**

2 Abstract. Does the abstract summarize and reflect the work described in the manuscript? ANSWER: No. A short paragraph on the background is missing. And delete from AIM: "This study analyzed the clinical records of patients who underwent excision of retrorectal cystic lesions at our hospital." The authors in Method state that they compared and it is not a comparative

study. In the Results section, the variables that correlate with complications and what those complications were should be clearly summarized. The conclusion also does not reflect the variables that were risk factors with complications. The authors use the acronym S3, without clarifying what it means 3rd sacral vertebra.

**Response: We deleted from AIM: "This study analyzed the clinical records of patients who underwent excision of retrorectal cystic lesions at our hospital." and added the background. I changed "compared" to "analysed... retrospectively". In the Results section, we have listed the complications in detail. In conclusion, the study showed the diameter of the lesion is an independent risk factor for perioperative complications in patients who underwent laparoscopic excision of retrorectal cystic lesions. We clarified S3 meant 3rd sacral vertebra as you suggested.**

3 Key words. Do the key words reflect the focus of the manuscript?  
ANSWER: Yes.

**Response: Thank you very much.**

4 Background. Does the manuscript adequately describe the background, present status and significance of the study? ANSWER: No. Authors should include a history of publications on risk factors. And I suggest deleting the following from the last paragraph: "This study reviewed the medical records of 62 patients who underwent laparoscopic excision of retrorectal cystic lesions at our hospital and is the largest single-center report to date."

**Response: We added a history of publications on risk factors. We deleted the following from the last paragraph: "This study reviewed the medical records of 62 patients who underwent laparoscopic excision of retrorectal cystic lesions at our hospital and is the largest single-center report to date."**

5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? ANSWER: No. The authors did not consider including other comorbidities, in addition to overweight and obesity, in the risk factor analysis. They also did not establish

an adequate identification of the complications that the patients presented.

**Response: We considered other comorbidities like type 2 diabetes mellitus, systemic arterial hypertension. We included two variables in the study. Besides, we used the index of ASA classification. This classification can reflect the comorbidities of patients. In the Results section, we have listed the complications in detail.**

6 Results. Are the research objectives achieved by the experiments used in this study? ANSWER: No. The authors identified the number of complications and used the Clavien and Dindo Classification, but did not mention what those complications were. I consider it essential that the authors explicitly mention what complications their patients presented. What are the contributions that the study has made for research progress in this field?

ANSWER: Until the authors make improvements to their manuscript, we can consider whether their research offers any progress.

**Response: Thank you for your valuable advice. We explicitly mentioned what complications their patients presented in the manuscript according to your advice. We tried our best to make improvements to our manuscript. We hope our research can offer some progress in this field.**

7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically?

ANSWER: No. It is suggested that the authors omit subtitles from the Discussion section: Clinical characteristics, Imaging, Laparoscopic Approach, Combined approach, etc, etc. In the Discussion they repeat several of their results unnecessarily, and also in an important approach their discussion is not a discussion, since their results do not compare them with any previous publication. Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? ANSWER: No. Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? ANSWER: No.

**Response: We omit subtitles from the Discussion section: Clinical**

characteristics, Imaging, Laparoscopic Approach, Combined approach, etc.

**We deleted some repeated their results. We have compared our results with some previous publication as you suggested. We have reworked the discussion section to improve the paper's scientific significance**

8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? ANSWER: No. The authors present 3 tables. Its titles and the first column use the term indexes. I think they should change at the end of: variables. Also in the first column that would be "variables", all the units of these are written in parentheses for example (years). The title of Figure 1. I suggest the authors change to: Important steps in the laparoscopic excision technique of retrorectal lesions. Figure 1. indications and technical skills for laparoscopic excision of retrorectal cystic lesions. In the parts of the figure a, b, c and d. Delete the word Figure. Just write for example: A. Protection of the hypogastric plexus. and so the other parts of figure 1. Do figures require labeling with arrows, asterisks etc., better legends? ANSWER: In figure 1, signs with arrows or asterisks are needed to better understand what the authors want to show in the photographs.

**Response: We replaced the term indexes with “variables” in tables’ titles and the first column. We changed the title of Figure 1 to: Important steps in the laparoscopic excision technique of retrorectal lesions as you suggested. Thank you very much. In the parts of the figure a, b, c and d. We deleted the word Figure. In figure 1, we signed with arrows according to reviewers’ advice.**

9 Biostatistics. Does the manuscript meet the requirements of biostatistics?

Answer: Yes.

**Response: Thank you very much**

10 Units. Does the manuscript meet the requirements of use of SI units?

Answer: Yes.

**Response: Thank you very much**

11 References. Does the manuscript cite appropriately the latest, important and authoritative references in the introduction and discussion sections?

Answer: In the introduction yes, but in the discussion no discussion points (comparison) with previous publications are established. Does the author self-cite, omit, incorrectly cite and/or over-cite references? ANSWER: No. The references are missing the PMID data and all the references are missing the acronym: "DOI"

**Response: We added the discussion points (comparison) with previous publications in the discussion. We supplemented the PMID data and the acronym: "DOI".**

12 Quality of manuscript organization and presentation. Is the manuscript well, concisely and coherently organized and presented? ANSWER: No. Consider the comments and suggestions mentioned above. Is the style, language and grammar accurate and appropriate? ANSWER: Yes.

**Response: Thank you for your valuable advice. We have modified the manuscript according to the comments and suggestions mentioned above.**

13 Research methods and reporting. Authors should have prepared their manuscripts according to manuscript type and the appropriate categories, as follows: (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. Did the author prepare the manuscript according to the appropriate research methods and reporting? ANSWER: Yes. But incomplete, in relation to previous comments.

**Response: Thank you very much, we have added the related content according to previous comments.**

14 Ethics statements. For all manuscripts involving human studies and/or animal experiments, author(s) must submit the related formal ethics

documents that were reviewed and approved by their local ethical review committee. Did the manuscript meet the requirements of ethics? ANSWER: Yes.

**Response: Thank you very much**

Manuscript Peer-Review Specific Comments To Authors:\* Please make your specific comments/suggestions to authors based on the above-listed criteria checklist for new manuscript peer-review and the below-listed criteria for comments on writing. The criteria for writing comments include the following three features:

**First**, what are the original findings of this manuscript? ANSWER: None. What are the new hypotheses that this study proposed? ANSWER: It does not apply as it is a retrospective study. What are the new phenomena that were found through experiments in this study? ANSWER: It does not apply as it is a retrospective study. What are the hypotheses that were confirmed through experiments in this study? ANSWER: It does not apply as it is a retrospective study.

**Second**, what are the quality and importance of this manuscript? ANSWER: It is only probably the case series with the largest number of patients with this pathology. What are the new findings of this study? ANSWER: Improvements must be made to the manuscript to provide an answer to this question. What are the new concepts that this study proposes? ANSWER: None. What are the new methods that this study proposed? ANSWER: In future research, larger multi-center, prospective studies can be used to better evaluate the use of laparoscopy in retrorectal lesions at the S3 level or larger than 10 cm in diameter. Do the conclusions appropriately summarize the data that this study provided? ANSWER: No. It's incomplete. What are the unique insights that this study presented? ANSWER: Demonstrating risk factors for complications. What are the key problems in this field that this study has solved? ANSWER: None. **Third**, what are the limitations of the study and its findings? ANSWER: The incomplete methodology in relation to risk factors

not considered and the failure to explicitly state the complications that they list. What are the future directions of the topic described in this manuscript?

ANSWER: That prospective and comparative studies be carried out. What are the questions/issues that remain to be solved? ANSWER: I imply it in the title of the manuscript. What are the questions that this study prompts for the authors to do next? ANSWER: Authors should be invited to make improvements to their manuscript for publication. How might this publication impact basic science and/or clinical practice? ANSWER: By making improvements to the manuscript, it is possible to better correlate the type of complications and the factors analyzed as risk factors.

**Thank you for giving us the opportunity to revise this article. We really appreciate your trust to us. Thank you for your careful and rigorous review. You have put forward many valuable and reasonable suggestions for our article. Our manuscript has been carefully revised based on your suggestions. We hope this manuscript can be accepted for publication through our efforts according to your precious advice.**

Reply to Reviewer 2:

This is a very interesting study of risk factors for perioperative complications in laparoscopic surgeries of retrorectal cystic lesions. The study is very well designed. The methods are described in detail and the results are very interesting. After a minor editing, this manuscript can be accepted for publication.

**Response: We really appreciate your recognition of my article. Thank you for your review from the bottom of the heart. There are also some limitations and deficiencies in our research. We have made some improvements. We hope this manuscript can be accepted for publication through our efforts.**

Reply to Reviewer 3:

1. There are some minor language polishing, which should be revised. 2. The

results are very display and discussed. However, the references should be checked and updated. 3. Tables should be checked and edited.

**Response:** Thank you for your review. I really appreciate your recognition of my work. First of all, we polished the language repeatedly. We checked grammar and vocabulary carefully. Then we updated some references and modified the format. Finally, we edited and checked tables besides the figures. Again, we would like to express our warm thanks to you! Please accept our gratitude.

Reply to the editor:

Firstly, we provide the original figure documents. Secondly, we also add the PMID and DOI in the reference list. Besides, we revise the content and format for the manuscript according to the guidelines. Moreover, we have made modifications in accordance with the suggestions of reviewers and have replied to reviewers' opinions carefully. Finally, we modify the format of reference and complete Copyright License Agreement Form and ICMJE Form for Disclosure of Potential Conflicts of Interest. Thank you for your work on our article and we look forward to your feedback, suggestions and criticism.

Best regards,

Bin Wu, Pei-Pei Wang



Dear Lian-Sheng Ma, Science Editor, Company Editor-in-Chief, Editorial Office,

I am very honored to hear that my efforts are appreciated. I read the comments of the Editorial Office and peer review carefully. According to the comments of the reviewer, I revise the manuscript.

Reply to Reviewer 4:

**Re-review: Reviewer comments, observations and suggestions. Criteria Checklist for New Manuscript Peer-Review**

5 Methods. Does the manuscript describe methods (e.g., experiments, data analysis, surveys, and clinical trials, etc.) in adequate detail? ANSWER: I suggest the authors in the 2nd. Subtitle paragraph: Patient characteristics, do not consider 2 variables as points of comparison, since nowhere in the manuscript are they explicit and by themselves they do not mean anything for this study, being the following: "previous management in other hospitals" and "clinical manifestation".

**Response: Thank you for your valuable advice. The purpose of this article is to explore the risk factors for perioperative complications in laparoscopic surgeries of retrorectal cystic lesions. Perioperative complications can be influenced by the treatment of patients in other hospitals, such as adhesion caused by a puncture. After careful consideration, we think that the inclusion of these two points could make the study more comprehensive.**

7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently? ANSWER: I only suggest that the authors, in relation to references 30 and 31, add their content in the Discussion or delete them from the References.

**Response: Thank you for your valuable advice. We have deleted references 30 and 31 from the References.**

8 Illustrations and tables. Are the figures, diagrams and tables sufficient, good quality and appropriately illustrative of the paper contents? Do figures require labeling with arrows, asterisks etc., better legends? ANSWER: I have several observations and suggestions for the authors. Figure 1: each part of the figure, I suggest to put at the beginning of your description: "1st: .....description "1 B: .....description "1 C: .....description "1d: .....description Table 1. I suggest, add: n = 62, below the title of the table. Surprising the percentage symbol (%) in the data of the variables: "Type 2 diabetes mellitus" and "Hypertension" Consider deleting from the table the variables and their data, mentioned above in Method: "previous treatment" and "Symptomatic" Likewise, edit it better, to compact it so that it preferably occupied a single page. Table 2. I suggest, add: n = 62, below the title of the table. Delete the percentage symbol (%) in all data of the variables, since it is repetitive, because above it is stated that the figures in parentheses are percentages. In the footer of the table, what the \* means in the P values is missing. Likewise, edit it better, to compact it so that it preferably occupied a single page. Table 3. I suggest that the authors remove the previously mentioned variable "Pretreatment" from the table. I also suggest editing and compacting the table, so that it takes up just one page as much as possible

**Response:** Thank you for your valuable advice. I have modified the beginning of our description in each part of the figure. I have added the n=62, below the title of the table 1-2. I have deleted the percentage symbol (%) in all data of the variable. I have added the meaning of \*. As previously mentioned, "Pretreatment" may have an impact on perioperative complications. So we don't remove the variable "Pretreatment" from the table. Besides our patients of retrorectal cystic lesions are young, with an average age of 30. It is normal to have a low proportion of hypertension and diabetes.

11 References. Does the manuscript cite appropriately the latest, important

and authoritative references in the introduction and discussion sections?

ANSWER: Yes. But there are still improvements to be made in the References: Reference 1. Write correctly, the title of the publication, change to lowercase and uppercase. References 4 and 7 lack [PMID] data. And References 30 and 31, their content must be included in the Discussion, or the other option is to remove them.

**Response: Thank you for your valuable advice. We have deleted references 30 and 31 from the References. We added References 4 and 7 lack [PMID]. I have checked the title of the publication.**

**Reply to the editor:**

**Firstly, we revised the manuscript according to the editor's instruction. Besides, we have made modifications in accordance with the suggestions of reviewers and have replied to reviewers' opinions carefully. Moreover, we read and check the MS Word File carefully. Finally, we complete Copyright License Agreement Form. Thank you for your work on our article and we look forward to your feedback, suggestions and criticism.**

**Best regards,**

**Bin Wu, Pei-Pei Wang**