



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 28056

**Title:** Abdominosacral resection for locally recurring rectal cancer

**Reviewer’s code:** 01588404

**Reviewer’s country:** India

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-06-28 08:55

**Date reviewed:** 2016-07-11 15:08

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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		BPG Search:	<input checked="" type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

This is an interesting manuscript by Belli atal describing there experience with abdomino sacral resection for locally recurrent rectal cancers Major comments 1. Not appropriate to use percentage when describing 10 cases only. 2. The authors have commented on recurrence rate of 33 percent in introduction vs <10% in discussion. They should comment that the high recurrence rates were before the TME era. 3.Was any adjuvant treatment given after ASR ? 4. Was there any standard specific reason for not offering Neoadjuvant treatment for the 4 cases of stage 3 and 4? 5. The authors also need to discuss that 5 cases with initial stage 1 had recurrence. Was this related to other unfovarobale tumor factors. 6. The total number of Anterior resections done during this period, number of local recurrences and whether any were not found suitable for surgery and if any underwent other procedures for pelvic recurrence such as exenteration. 7. The authors have not specified how many patients required a flap for closing the perineal defect. Minor points 1. Background is required in abstract section. 2. Add a radiological image of recurrence.



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 28056

**Title:** Abdominosacral resection for locally recurring rectal cancer

**Reviewer's code:** 00070140

**Reviewer's country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-06-28 08:55

**Date reviewed:** 2016-07-12 14:13

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 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 checked="" 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		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

### COMMENTS TO AUTHORS

Add more details about primary tuomurs like distance from anal verge and why neoadjuvant CT-RT was not performed in indicate cases ? All patients received a postop CT-RT, but half of them were T2N0 ?! Please clarify this issue. The interval to recurrence from first procedure is not specified, please describe it. In 6 patients surgery was performed after new CT-RT, describe the criteria for such a decision. Since sacral invasion was present in half of the cases, in your opinion it could have been spared in some cases ? It would be interesting to know which percentage represent this group of reoperated patients respect to the overall recurrence rates. Minor issue (M and M): clarify the sentence starting with "Indications for ASR".



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## ESPS PEER-REVIEW REPORT

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

**ESPS manuscript NO:** 28056

**Title:** Abdominosacral resection for locally recurring rectal cancer

**Reviewer's code:** 02445529

**Reviewer's country:** Japan

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-06-28 08:55

**Date reviewed:** 2016-07-15 09:31

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"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
		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"/> No	

### COMMENTS TO AUTHORS

Re:ESPS Manuscript NO: 28056, Title: Abdominosacral resection for locally recurring rectal cancer

There are no comments.



**ESPS PEER-REVIEW REPORT**

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

**ESPS manuscript NO:** 28056

**Title:** Abdominosacral resection for locally recurring rectal cancer

**Reviewer’s code:** 02549348

**Reviewer’s country:** Italy

**Science editor:** Fang-Fang Ji

**Date sent for review:** 2016-06-28 08:55

**Date reviewed:** 2016-06-30 04:35

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
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		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

**COMMENTS TO AUTHORS**

This is an interesting article on a limited series of a surgical procedure which is not often performed for treatment of local recurrent rectal cancer. Authors report data from their own experience and also make a review of the literature on this subject. Overall, Authors should be congratulated for the good oncological results achieved with this technique in their series of patients. Minor revision is advised before acceptance, according to the following comments: 1. in the results section Authors report a 70% early postoperative complication rate. In table 2 Authors report early complications in eight out of ten patients (80% rate) and a 30% late complication rate. Please explain or correct; 2. In the discussion section Authors mention the possibility of severe and even life-threatening intraoperative bleeding during the sacral step of the procedure. In the methods section Authors write that notwithstanding several Authors prefer to make a preventive internal iliac vessels ligation, they never performed it in the reported cases. Authors should better explain why they avoided the ligation of hypogastric vessels considering the high risk of intraoperative bleeding 3. Furthermore, notwithstanding Authors collected data on blood transfusions during surgery in their electronic database, no mention about this parameter is done in the results section. Also, it would have been interesting knowing data on



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the intraoperative blood loss.