



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53704

Title: Extralavator abdominoperineal excision for low advanced rectal cancer, where to go

Reviewer’s code: 01220036

Position: Peer Reviewer

Academic degree: DNB, MD

Professional title: Attending Doctor

Reviewer’s Country/Territory: United States

Author’s Country/Territory: China

Manuscript submission date: 2019-12-31

Reviewer chosen by: AI Technique

Reviewer accepted review: 2019-12-31 18:13

Reviewer performed review: 2019-12-31 18:15

Review time: 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

needs some language polishing



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53704

Title: Extralavator abdominoperineal excision for low advanced rectal cancer, where to go

Reviewer's code: 00180812

Position: Peer Reviewer

Academic degree: MD

Professional title: Doctor

Reviewer's Country/Territory: Spain

Author's Country/Territory: China

Manuscript submission date: 2019-12-31

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2020-02-14 16:06

Reviewer performed review: 2020-02-16 16:22

Review time: 2 Days

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer-reviewer statements	Peer-Review: <input checked="" type="checkbox"/> Anonymous <input type="checkbox"/> Onymous Conflicts-of-Interest: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



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SPECIFIC COMMENTS TO AUTHORS

It has been a privilege to review this paper. I think that is a good review of the pros and cons of ELAPE with a bias due to the previous experience of the group with this technique. There are some points to review: Abstract must be re-written because there are some points that are repeated: "However, the application of laparoscopic and robotic technology also provide a good view in the lithotomy position. Consequently, there is a need to investigate the association between surgical position and oncological outcome. Pelvic floor reconstruction is equally important for the recovery of patients. The use of a biological mesh can significantly reduce the incidence of wound complications, and improve wound healing after ELAPE. Laparoscopic and robotic ELAPE procedures have become widely used because they provide a wide field of view and the ability to perform fine surgical manipulation. However, due to the wide resection required, ELAPE might also increase the occurrence of post-operative perineal wound complications, genitourinary dysfunction, and chronic perineal pain. In spite of these possibilities, previous research, involving post-operative follow-up studies, has shown that ELAPE does not exert significant impact on the quality of life. Under the premise of ensuring that tumors receive radical treatment, individual..." you can see that the paper of laparoscopy and robotic is repeated. Also the problem of pelvic morbidity is repeated from 2 different points : first with mesh ad second together with other morbidities. In the abstract you have to delete "systematic review", because although you have reviewed the literature, you have not done this in a systematic way (or this is not mention in any part of the paper, in fact there is not "method" section. Reference # 4 must be not Ca Cancer J Clin, should be the original: LANCET II:1812-1813. 1908. A graphic comparing different types of APE would help A table with data on each section would help the readers (Therapeutic effect) (complications & Q oL).



PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

Manuscript NO: 53704

Title: Extralavator abdominoperineal excision for low advanced rectal cancer, where to go

Reviewer's code: 02445553

Position: Peer Reviewer

Academic degree: PhD, MD

Professional title: Doctor

Reviewer's Country/Territory: Sweden

Author's Country/Territory: China

Manuscript submission date: 2019-12-31

Reviewer chosen by: Le Zhang

Reviewer accepted review: 2020-02-15 09:23

Reviewer performed review: 2020-02-17 11:16

Review time: 2 Days and 1 Hour

Scientific quality	<input type="checkbox"/> Grade A: Excellent <input type="checkbox"/> Grade B: Very good <input checked="" type="checkbox"/> Grade C: Good <input type="checkbox"/> Grade D: Fair <input type="checkbox"/> Grade E: Do not publish
Language quality	<input type="checkbox"/> Grade A: Priority publishing <input checked="" type="checkbox"/> Grade B: Minor language polishing <input type="checkbox"/> Grade C: A great deal of language polishing <input type="checkbox"/> Grade D: Rejection
Conclusion	<input type="checkbox"/> Accept (High priority) <input type="checkbox"/> Accept (General priority) <input checked="" type="checkbox"/> Minor revision <input type="checkbox"/> Major revision <input type="checkbox"/> Rejection
Re-review	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SPECIFIC COMMENTS TO AUTHORS

This is a summarizing review of a field that still is controversial and subject to further research. Some minor remarks: The title is misspelled. Extralevator instead of extralavator. Introduction: ...Holm et al further proposed the concept of ELAPE (not APR). Reconstruction:high rate of perineal hernia. The word hernia is missing. Major remark: There is no mention of the concept of studying physical function after ELAPE, and the ongoing RCT comparing gluteus maximus flap with biological mesh. This must be included with comments. Physical function is an important parameter after perineal surgery. Ref. Rutegard et al. BMJ Open 2019.