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ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Gastroenterology

ESPS manuscript NO: 23790

Title: Total mesorectal excision for mid and low rectal cancer: Laparoscopic vs robotic surgery

Reviewer's code: 00057695

Reviewer's country: Saudi Arabia

Science editor: Ze-Mao Gong

Date sent for review: 2015-12-19 20:35

Date reviewed: 2015-12-23 22:34

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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	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

This retrospective study of 111 patients who underwent minimally invasive TME (53 patients robotic assisted vs. 58 patients laparoscopic assisted TME) concludes that both techniques achieved acceptable similar clinical and oncologic outcomes. However, the robotic procedure took longer operative time. The topic is interesting and the manuscript is well written, and the study limitations such as the small study sample size, selection bias, and the retrospective nature were addressed. Another major drawback needs highlighting is the significantly larger number of male subjects in the laparoscopic group; this contributes immensely to the technical difficulties during low anterior resection. I also have the following comments: ? Some of the contents in 'Material and Methods' should be moved to the 'Result' section. ? Why laparotomy instead of laparoscopy was used to confirm the diagnosis? ? Why the median was used instead of the mean for the length of follow-up and operative time? ? I find it difficult to accept the fact that "any incision longer than 6 cm is considered a conversion to an open procedure". Most of the extraction sites in laparoscopic colorectal surgery for cancer exceed 6 cm. ? Rephrase the term 'hysteroannessiectomies'. Did you mean



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hysterectomy and salpingo-oophorectomy? ? I am not sure why length of hospital stay in patients who underwent laparoscopic surgery was 2 days longer than the robotic group. I also find your explanation non-convincing. ? Under Oncologic long-term outcomes: what is meant by the primitive diagnosis? Did you mean the primary diagnosis?