# PEER-REVIEW REPORT

**Name of journal:** World Journal of Gastroenterology  
**Manuscript NO:** 67097  
**Title:** Intraoperative use of Indocyanine Green (ICG) Fluorescence Imaging in Rectal Cancer Surgery: the state of the art.  
**Reviewer’s code:** 05429369  
**Position:** Peer Reviewer  
**Academic degree:** MD, PhD  
**Professional title:** Professor  
**Reviewer’s Country/Territory:** China  
**Author’s Country/Territory:** Italy  
**Manuscript submission date:** 2021-04-18  
**Reviewer chosen by:** AI Technique  
**Reviewer accepted review:** 2021-04-21 06:20  
**Reviewer performed review:** 2021-04-29 11:13  
**Review time:** 8 Days and 4 Hours

<table>
<thead>
<tr>
<th>Scientific quality</th>
<th>[ ] Grade A: Excellent</th>
<th>[ ] Grade B: Very good</th>
<th>[ ] Grade C: Good</th>
<th>[ ] Grade D: Fair</th>
<th>[ ] Grade E: Do not publish</th>
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<tbody>
<tr>
<td>Language quality</td>
<td>[ ] Grade A: Priority publishing</td>
<td>[ ] Grade B: Minor language polishing</td>
<td>[ ] Grade C: A great deal of language polishing</td>
<td>[ ] Grade D: Rejection</td>
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<tr>
<td>Conclusion</td>
<td>[ ] Accept (High priority)</td>
<td>[ ] Accept (General priority)</td>
<td>[ ] Minor revision</td>
<td>[ ] Major revision</td>
<td>[ ] Rejection</td>
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<td>Re-review</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
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<td>Peer-review statements</td>
<td>Peer-Review: [ ] Anonymous</td>
<td>[ ] Onymous</td>
<td>Conflicts-of-Interest: [ ] Yes</td>
<td>[ ] No</td>
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SPECIFIC COMMENTS TO AUTHORS

Dear Roberto Peltrini, Thank you for submitting your paper entitled "Intraoperative use of Indocyanine Green (ICG) Fluorescence Imaging in Rectal Cancer Surgery: the state of art" to me. The introperative use of ICG during rectal cancer surgery has found many applications over time. The author provide a concise overview of the literature regarding the use of ICG fluorescence imaging in five aspects: Assessment of vascular perfusion at the anastomotic site. Urethra visualization during Transanal TME (TaTME). Ureter identification lymph node mapping and Tumor localization. The work of this paper is clear, logical and rich in content. However, there are some problems to be further improved as well: Firstly, there are at least two spelling errors in the manuscript, such as, in page 6, “The incidence of AL in their study was 1.4%. with a change in the surgical strategy in 8% of patients.” would be “***was 1.4% with a change in***”. And please maintain the consistency of "TaTME" and "taTME" expressions. Please check the manuscript carefully. Secondly, Figure 1 and Figure 2 have poor clarity, unclear vertical and horizontal coordinates, and limited value, which may be considered for deletion. Lastly, please note that the description of irrelevant topics needs to be concise. I suggest some minor revisions to this paper. Yours sincerely.