

Peer Review File

Article information: <http://dx.doi.org/10.21037/ales-2019-tatme-10>.

Reviewer 1

Comments to the authors:

This is a very interesting study detailing a series of patients for which a trans-anal TME approach has been utilized to facilitate complex minimally-invasive rectal surgery.

I have suggested some very minor edits to the abstract below:

Abstract:

1. Change the first word of the background ('to' on line 30) to "We"
2. Line 38 – the use of the word "preliminary" here is unnecessary and sounds almost as though you are belittling your work. I would suggest just confidently saying "eight patients were identified and included in this series"
3. Line 46 – change "performed" to "utilized"

Reply: All the above minor revisions have been completed

Reviewer 2

Comments to the authors:

Excellent description of utilization of tatme and extramesorectal fascial planes. Made minor edits. See attached "ales tatme edit"

Reply: All the above minor revisions have been completed

Reviewer 3

Comments to the authors:

I read with great interest a technique (taTME) that has been in an increasing trend of uptake by colorectal surgeons in the few years. There has been a few published data on primary locally advanced rectal cancer and the short-term outcomes related to taTME. Here the authors described the use of taTME in T4 rectal cancers, giving a perspective on its utility on pelvic exenteration.

Major comments:

It is not clear whether the authors are part of the exenteration unit – therefore in a high volume centre dealing with complex pelvic rectal cancers. If so, this should be described in the methods – after the naming of the two institutions. This is important as these patients should be undertaken by high volume exenteration surgeon/unit. I understand that the authors have said that not all taTME competent surgeons should undertake these, but it should be made clear to the readers.

Reply:

The senior authors are part of a high volume exenterative unit, and hence have experience in dealing with complex pelvic malignancy. We have added this to the methodology to reflect the nature of the practice and to make it clear to the readership.

Minor comments:

1. There was a repeating sentence on “all patients discussed in multidisciplinary meeting” in page 4 then 5. Could the authors omit one.
2. Incomplete sentence page 5 line 144 which started with “Descriptive...” – could authors please complete sentence
3. Page 10 line 235 “day3” should have a space between day and three
4. Authors should use ULAR consistently throughout the manuscript and not wait till Patient 5 or continue to use ultralow anterior resection
5. Page 11 line 260; replace comma for fullstop
6. Table 1 – use of capital letters should be consistent for all columns

Reply:

All the above minor revisions have been completed