

Peer Review File

Article information: <https://dx.doi.org/10.21037/ales-22-38>

Reviewer A

Comment 1:

Thank you for your wonderful work.

Regarding fluorescence angiography for the assessment of anastomotic perfusion, please consider adding the following RCT (doi: 10.1111/codi.15037.).

A prospective, controlled (1:1), randomized, single-centre clinical trial was conducted. An AL (grade A, B or C) developed in 48 patients: 17 (9.1%) in the ICG FA group and 31 (16.3%) in the non-ICG FA group (P = 0.04).

Reply 1: Thank you for the favorable evaluation of our work. We will undoubtedly add the article referred to in the comment, as it provides a very interesting added value.

Changes in the text: We have integrated the cited article into the text (see pages 7-8, lines 175-185; table 2, line 8).

Reviewer B

Comment 2:

This paper is about “Applications of indocyanine green fluorescence 1 imaging in colorectal surgery: a narrative review”.

This narrative review was successful to summarize the the use of ICG fluorescence imaging in colon and rectal surgery.

This paper is expected to present a good perspective to the readers.

I would like to ask you to add the following references written on similar topics.

Son GM, Ahn HM, Lee IY, Ha GW. Multifunctional Indocyanine Green Applications for Fluorescence-Guided Laparoscopic Colorectal Surgery. Ann Coloproctol. 2021 Jun;37(3):133-140

Ahn HM, Son GM, Lee IY, Shin DH, Kim TK, Park SB, Kim HW. Optimal ICG dosage of preoperative colonoscopic tattooing for fluorescence-guided laparoscopic colorectal surgery. Surg Endosc. 2022 Feb;36(2):1152-1163

Son GM, Kwon MS, Kim Y, Kim J, Kim SH, Lee JW. Quantitative analysis of colon perfusion pattern using indocyanine green (ICG) angiography in laparoscopic colorectal surgery. Surg Endosc. 2019 May;33(5):1640-1649

Reply 2: Thank you for the favorable evaluation of our work. We will add the referred

articles.

Changes in the text: We have integrated the cited article into the text (see pages 9 and 14, lines 209-217 and 337-346).

Reviewer C

Comment 3:

Thank you for the review of current use cases of ICG in kilorectal surgery, as well as the assessment of current evidence regarding routine use.

Reply 3: Thank you for the favorable evaluation of our work.

Changes in the text: none.