Peer Review File

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Reviewer A

I have carefully read the review presented by the authors discussing whether there is still a place for laparoscopic surgery in rectal cancer.

It is a narrative review where the most important works to date are presented comparing the different techniques for the treatment of rectal cancer.

It is well structured and well written.

The conclusions reached are prudent and are in agreement with the results presented.

Reviewer B

Many thanks to the authors for their efforts in this manuscript. Following are some suggestions to improve the article.

Main Consideration

Comment 1: Introduction

(1) Considering the broad scope of ALES's audience (younger clinicians and experienced ones), we suggest authors briefly introduce the available treatment for CRC. This would effectively avoid younger peers from getting lost.

Reply: We appreciate the comment. The main available surgical options for rectal cancer are described in the abstract and introduction, followed by an indepth review of papers comparing these techniques to laparoscopy. As this review focuses on surgical techniques, we think it is out of the scope of the review to include details of other treatments for rectal cancer – radiation, chemotherapy etc.

(2) In addition, we suggest the author add the background of laparoscopy before introducing TME so that it is more appropriate to reflect the limitations of laparoscopy.

Reply: This change was made in the introduction

(3) Given that there are many similar reviews in this field (PMID: 35151585, 35351273), please highlight the novelty of this review in the introduction. What does this review add to existing knowledge? How does this review differ from previous reviews?

Reply: This is addressed in the newly added strengths and limitations section

Comment 2: Methods

There is no Methods section provided. Detailed literature search information can help assess whether the search is comprehensive and up-to-date.

(1) We suggest that the authors add a separate paragraph about "Methods" after "Introduction" in the text, including the date of search, timeframe, databases,

search terms, inclusion and exclusion criteria, and selection process.

Reply: Methods paragraph added

(2) To further make the information more easy-going and self-explaining, please also include a completed table

(https://ales.amegroups.com/pages/view/guidelines-for-authors), content-2-2-3 Narrative Review (Also Called Literature Review) --Table X) in the Methods, which includes an independent supplement table to present detailed search strategy of one database as an example, or the authors could present search terms connected by the Boolean operators in the Table X. Here are two examples for your reference:

https://atm.amegroups.com/article/view/91685/html (See Table 1-2) https://atm.amegroups.com/article/view/91974/html (See Table 1)

This part is essential as it reflects the sources of evidence (even though it is not a systematic review). This is to transparently report the process, not to judge it.

Reply: Methods table added

Comment 3: Main body

(1) Please note that Table 3 is not mentioned in the text.

Reply: This was a typo and this table is now mentioned in the text. Table numbers have adjusted with the addition of the methods table.

(2) Table 4: We suggest the authors add citations for each study. Also, "NR" or "N/A" may be a better representation of "Raw percentages not clearly reported" than "****".

Reply: this change was made and citations were added.

(3) Please define all abbreviations mentioned for the first time in the text and table footnotes, such as LR and DM (Table 4).

Reply: This change was made

(4) Table 1 and Table 2 are comparing the results of the same four randomized controlled trials. We suggest that the author can merge these two tables to avoid data duplication (mainly the first three columns: Trial name, Year, and Patient numbers Lap/open).

Reply: Tables were merged

(5) We recommend including a separate section on the STRENGTHS and LIMITATIONS of this review to promote a more intellectual interpretation.

Reply: This was added

Minor Suggestions

Comment 4: Manuscript type & Reporting Checklist

Given that the aim of this manuscript is to provide the current evidence for laparoscopy in rectal cancer, we suggest the manuscript type be a Narrative Review and the authors should fill out and submit the "Narrative Review Checklist" (https://cdn.amegroups.cn/static/public/18-narrative-review-Checklist.pdf). The relevant page/line and section/paragraph number in the manuscript should be stated

for each item in the checklist.

Reply: this was added

A statement "We present the following article in accordance with the narrative review reporting checklist" should be included at the end of the "Introduction". The manuscript should also include a Reporting Checklist statement in the footnote: "The authors have completed the Narrative Review reporting checklist."

Reply: this was added

Comment 5: Title

In the title, please clearly identify this manuscript as a Narrative Review. E.g. "A Narrative Review of Rectal Cancer Surgery: Is there a Role for Laparoscopy?".

Reply: this was added

Comment 6: Format

- (1) Please arrange the abstract (200-350 words max) as structured with
 - 1) Background and Objective, 2) Methods, 3) Key Content and Findings, and 4) Conclusion. This revision may further specify the contribution of this review.

Reply: this was added

(2) We hope authors use a structured introduction to increase readability: 1) Background, 2) Rationale and knowledge gap, 3) Objective.

Reply: this was added

(3) Please add <u>Author Contribution</u>, Acknowledgments, and Footnote in the manuscript.

Reply: this was added

(4) Please fill in the attached Conflict of interest Form and add conflicts of interest into the Footnote.

Reply: this was added

(5) Please unify the format of citations, e.g. "R.J. Heald" (line 46) and "Acuna" (line 123).

Reply: Can you clarify what you mean by unify the format of citations?