
Peer Review File

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Review comments

Reviewer A

Comment 1: “The title needs to indicate this is a review.”

Reply 1: The title was adjusted to indicate such.

Comment 2: “An abstract needs to be provided”

Reply 2: A formal abstract has been provided.

Comment 3: “The authors need to briefly indicate why the review is needed and the potential clinical significance of this review”

Reply 3: Revised throughout the paper including introduction and conclusion. With the clinical significance of continuing to have the field of colorectal surgery move toward more minimally invasive procedures to improve patient outcomes.

Comment 4: “Please also briefly summarize the indications, strengths, and limitations of available surgical treatments for UC”

Reply 4: Revised throughout the paper including, the introduction and conclusion.

Comment 5: “Finally, please briefly comment the current progression, unaddressed issues, and future research directions for the clinical implications of surgical treatments for UC.”

Reply 5: Revised in the subsection on robotics and conclusion. Specifically addressing the lack of head-to-head evidence available for robotic vs laparoscopic techniques. As well as developing techniques such as single site robotic surgery.

Comment 6: “In the introduction of the main text, please explain the clinical needs for this review and the potential clinical needs for this review”

Reply 6: Introduction was revised to reflect such changes.

Comment 7: “In the main text of the review, the authors need to briefly describe the literature retrieval for related studies. When reviewing these studies, please have comments on the indications, contraindications, limitations, efficacy, safety, and cost of these treatments”

Reply 7: Revisions were carried out to comment on literature retrieval process and when discussing studies note taken on the context and limitations of the studies. With the overwhelming majority being TAC and IPAA being performed for medically refractory UC.

Comment 8: “please have comments on the progression of surgical treatments for

UC, the unaddressed questions in relation to the clinical implications, and propose several future research focuses, to facilitate the clinical implications”

Reply 8: Manuscript revised to reflect these recommendations in the conclusion.

Reviewer B

Comment 1: “There have been many studies on ulcerative colitis. What is the difference between this study and previous studies? What is the innovation? These need to be described in the introduction.”

Reply 1: This review focuses on the new innovations and progress that has occurred in the last 5 years with regards to minimally invasive surgery in ulcerative colitis. Revisions carried out in the introduction to reflect this significance.

Comment 2: “What are the outcomes of the selective staged approaches in patients with ulcerative colitis who were undergoing laparoscopic pouch surgery?”

Reply 2: Revised manuscript to reflect this data to reflect current knowledge and data on selective staged approaches.

Comment 3: “Are there any differences in the 30-day postoperative outcomes following IPAA performed laparoscopically versus robotically?”

Reply 3: Upon our clinical review there is currently no evidence regarding outcomes for laparoscopic vs robotic IPAA. We have addressed that this is an area of further research that may guide further treatment algorithms.

Comment 4: “The introduction part of this paper is not comprehensive enough, and the similar papers have not been cited, such as “A retrospective comparison of outcomes for open vs. laparoscopic surgical techniques in pediatric ulcerative colitis, *Transl Gastroenterol Hepatol*, PMID: 34423162”. It is recommended to quote this article.”

Reply 4: The introduction has been revised and bolstered. With regards to the aforementioned article, we have elected not to include it, as it as drawing parallel between pediatric and adult populations remains a challenge as they are distinct populations and often times represent a more aggressive early onset phenotype.

Comment 5: “How does this review emphasize the need to incorporate better training programs into multidisciplinary teams at global UC centers?”

Reply 5: Revised manuscript to note that we need a continued focus on training surgeons in minimally invasive techniques both domestically and at global UC centers to provide excellent care to patients no matter their location.