Reviewer’s report

Title: An observational study of patho-oncological outcomes of various surgical methods in total mesorectal excision for rectal cancer: a single center analysis

Version: 0 Date: 20 Nov 2019

Reviewer: Mostafa Shalaby

Reviewer's report:

I would like to thank the authors for this important manuscript. I have certain comments and question which might enrich and strengths the manuscript.

Title;

I think the authors should modify the title from rectal cancer to be total mesorectal excision (TME), as rectal cancer could include rectosigmoid or upper rectal cancer in which no place for TME.

Introduction section;

I think it should be reduced

Methods section;

The patients recruitment started from 2013 up to 2016 and the authors employed AJCC guidance in 2017, this mean the staging was done after reviewing the patients records or initially at the time of data collection

The level of experience of surgeons performing the procedures should be stated specially in the case of laparoscopic and robotic approaches and better to highlight how many TME they perfom laparoscopic or robotic per year

The surgical techniques itself should be described in all the approaches with focus on level IMA ligation, splenic flexure mobilization, reconstruction of anastomosis, and diversion. Of course I know these are retrospective data but at least the prefered techniques should be described

The authors mentioned the criteria of offering neo-adjuvant chemoradiotherapy, however, the scheme the used whether it was short or long and the timing of surgery could be important. Furthermore, if these data available, if there were any associated complications after neo-adjuvant chemoradiotherapy

What were the criteria at which patients offered open, laparoscopic, or robotic approach, was it surgeon preference or patient preference or it was something else?

On page 8 line 8; the authors stated "standard pathologic procedures" cloud they give more details or reference
On page 8 line 18; the authors stated "Adequate number of harvested lymph nodes was defined ..........", what was the base for these numbers

Results section;

On page 10 line 30; the authors wrote "Overall, the distance to bilateral surgical margins" this mean the length of resected segment?

On page 12 line 5; the authors wrote "higher CRM" I think they mean positive

Discussion section;

On page 15 the paragraph starting in line 37; do the authors mean that neo-adjuvant chemoradiotherapy is a significant factor for inadequate harvested LNs or negative LNs from tumor deposit?

On page 16 line 5; the authors stated that fewer patients in laparoscopic group received neo-adjuvant chemoradiotherapy, this could represent a bias in patient selection? specially as neo-adjuvant chemoradiotherapy was an independent factor for positive CRM?

There were no mention about intra-opertive or postopertive complications which could be a factor delaying receiving adjuvant therapy which in turn could affect the survival?

Regarding the limitations; the authors could add this a single-center experience

Thank you

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics
Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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