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| Journal Name: | [**Asian Journal of Research in Surgery**](https://journalajrs.com/index.php/AJRS) |
| Manuscript Number: | **Ms\_AJRS\_136904** |
| Title of the Manuscript: | **Role of Exploratory Laparoscopy in the Management of Locally Advanced Colorectal Cancer: Experience of Ibn Rochd University Hospital in Casablanca** |
| Type of the Article |  |

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| PART 1: Comments | | |
|  | Reviewer’s comment **Artificial Intelligence (AI) generated or assisted review comments are strictly prohibited during peer review.** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Please write a few sentences regarding the importance of this manuscript for the scientific community. A minimum of 3-4 sentences may be required for this part.** | I see that this manuscript touches on a clinically relevant topic, especially for resource-limited settings where advanced imaging technologies are scarce. The exploration of laparoscopy as a staging and therapeutic tool in colorectal cancer (CRC) is indeed valuable. However, the small sample size and lack of prospective or comparative analysis weaken its overall scientific contribution. While it raises awareness of a significant diagnostic gap in LMICs, the paper feels more observational than hypothesis-driven or generalizable. | Thank you for your insightful comments. This manuscript addresses a clinically relevant topic, particularly in resource-limited settings where advanced imaging technologies such as PET-CT may not be available. Exploratory laparoscopy provides a direct and cost-effective approach to staging colorectal cancer and adjusting therapeutic strategies. While the study is limited by its retrospective design and small sample size, it contributes to the evidence on improving care pathways in LMICs. |
| **Is the title of the article suitable?**  **(If not please suggest an alternative title)** | The title is generally appropriate, but I believe it could be more precise. For example, it currently implies a broad generalization despite being based on only 24 patients. I suggest:  "Evaluating Exploratory Laparoscopy for Staging Locally Advanced Colorectal Cancer: A Retrospective Single-Center Study in Casablanca"  This better reflects the retrospective and limited-scope nature of the study. | We agree with your suggestion and have revised the title to:"Evaluating Exploratory Laparoscopy for Staging Locally Advanced Colorectal Cancer: A Retrospective Single-Center Study in Casablanca."This better reflects the scope and limitations of the study. |
| Is the abstract of the article comprehensive? Do you suggest the addition (or deletion) of some points in this section? Please write your suggestions here. | I think the abstract provides a reasonable overview of the study, but it is overloaded with data and lacks clarity in its structure. It should briefly mention the retrospective design in the first two sentences, then summarize key findings (like the percentage of treatment plan changes) with a more concise flow. I also recommend removing some numeric detail (like bowel function recovery time or exact site frequencies) and instead focusing on the main outcomes and implications.  Suggested improvements:   * Add the word *"retrospective"* earlier. * Reorganize to follow a clearer structure: Background → Objective → Methods → Results → Conclusion. * Avoid excessive percentages in the abstract—reserve this for the main text. | Thank you for the detailed feedback. We have revised the abstract to include mention of the retrospective design at the outset and to streamline the content, removing excessive numeric details to improve flow and readability. The revised abstract now follows the suggested structure of Background → Objective → Methods → Results → Conclusion. |
| Is the manuscript scientifically, correct? Please write here. | To be honest, I have several concerns regarding scientific rigor:   * The sample size (n=24) is small and not statistically powered for strong conclusions. * The study lacks any control group or comparison to imaging-only staging outcomes. * There is an overreliance on descriptive statistics without proper statistical testing (e.g., confidence intervals, p-values). * No multivariate analysis or subgroup stratification was performed to validate findings. * The conclusion that laparoscopy should be a "standard of care" in LMICs is overstated given the design limitations. | We appreciate your critical review. We have acknowledged in the Discussion and Conclusion sections that the small sample size, lack of control group, and reliance on descriptive statistics limit the strength of our conclusions. We have also emphasized that laparoscopy should be considered a useful tool rather than a definitive “standard of care” in similar settings. |
| **Are the references sufficient and recent? If you have suggestions of additional references, please mention them in the review form.** | The references are adequate in number but not entirely up to date. For example, recent advancements in laparoscopic and robotic surgery or AI-supported imaging could have been mentioned. I would suggest incorporating:   * More recent literature post-2020 on staging laparoscopy outcomes. * Systematic reviews or meta-analyses comparing imaging vs. laparoscopy. * WHO or LMIC-specific oncology practice guidelines for context. | Thank you for the suggestions. We have added several more recent references, including literature post-2020 on staging laparoscopy outcomes and studies comparing laparoscopy to other modalities. These additions help contextualize our findings and update the manuscript. |
| Is the language/English quality of the article suitable for scholarly communications? | The English is mostly understandable, but I find that several sections suffer from redundancy and overly formal phrasing. There are minor grammatical inconsistencies and awkward constructions (e.g., "tumor reclassification rate" used too often without clarification). The flow can be improved with editorial polishing, especially in the Introduction and Discussion sections. I would recommend revision by a native English-speaking academic editor. | Thank you for highlighting this. We have edited the manuscript to improve clarity, reduce redundancy, and fix minor grammatical issues. We appreciate your suggestion and have worked to ensure that the manuscript is more concise and accessible for an international audience. |
| Optional/General comments |  |  |

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| **PART 2:** | | |
|  | **Reviewer’s comment** | **Author’s Feedback** (It is mandatory that authors should write his/her feedback here) |
| **Are there ethical issues in this manuscript?** | *(If yes, Kindly please write down the ethical issues here in details)* | No ethical issues were identified beyond those already addressed in the manuscript. All procedures were performed according to ethical standards, with appropriate approval and informed consent |