

## Format for ANSWERING REVIEWERS



March 7th, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 16241-review.doc).

**Title:** Comparison of non-schistosomal rectosigmoid cancer and schistosomal rectosigmoid cancer

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 16241

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) We invited two native speaker Tobias Schiergens as well as Serene ML Lee in our group to check through the article

(2) In the conclusions part, as the reviewer mentioned, CA-125 and CT scans can contribute to the diagnosis of schistosomal rectosigmoid carcinoma although they are nonspecific. The performances of CA-125 and CT scans can be true for cancer not associated with the *Schistosoma japonicum*. However, CA-125 and CT scans have a reasonable sensitivity for the accurate diagnosis, especially when in combination with its clinicopathologic characteristics and endoscopic examination.

(3) According to the reviews' suggestion, we made an improvement as followed:

- Put the word "etiological" before "relations":

"A number of epidemiological data has suggested that a close etiological relationship existed between colorectal cancer and schistosomiasis, especially *S. japonica* "

- Put the words "in the medical literature" after the word "data":

"...so relevant clinical data in the medical literature are short..."

- We indicate the source of the data on which the research was conducted:

"This research was conducted retrospectively based on the recent data of schistosomal rectosigmoid cancer including surgical findings and clinicopathological characteristics..."

(4) According to the reviews' suggestion, we changed the figure of endoscopic finding into a schematic diagram to explain the morphology of schistosomal rectosigmoid cancer. The fungating mass is an ovoid, flat-like polyps, superficial ulcer could normally be found on the surface, with depression centers and everted margins. While, on endoscopy a "cauliflower" like mass is described due to villi stretching.

(5) According to the reviews' suggestion, we rejusted the first figure, so that the distribution of these biomarker is much clearer.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,



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