

Format for ANSWERING REVIEWERS



July 13th, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 19647-review.doc).

Title: RESPONSE TO CHEMORADIOTHERAPY AND LYMPH NODE INVOLVEMENT IN LOCALLY ADVANCED RECTAL CANCER.

Authors: Luis J. García-Flórez, Guillermo Gómez-Álvarez, Ana M. Frunza, Luis Barneo-Serra, Manuel F. Fresno-Forcelledo.

Name of Journal: *World Journal of Gastrointestinal Surgery*

ESPS Manuscript NO: 19647

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

REVIEWER 00503832

This work describes the efficacy of chemoradiation therapy in local advanced rectal cancer and concludes that lymph node metastasis is associated with the treatment failure. The writing is good and the conclusion is considerable.

Answer: **Thank you very much for your comments.**

Could authors give an explanation more clearly on the mismatch of staging from MRI before treatment and pathological staging after surgery.

Answer: **We have made changes to make ourselves clearer in the Discussion section: For N stage, both endorectal ultrasound and MRI have similar low sensitivity and specificity rates. Nonetheless, MRI is preferred for N-stage assessment because it allows the evaluation of the whole mesorectum.**

Because the lymph node involvement or not is an important factor to indicate the successful of CRT to local advanced rectal cancer patients, what is the strategy to improve the accuracy of the diagnosis.

Answer: **As we state in the Discussion section: With radiological imaging advances we have progressed in the identification of adjuvant and neoadjuvant therapy needs. High resolution pelvic MRI with expert radiologist interpretation would help us to select patients that will be correctly treated with just surgery. We are now using MRI to be selective and only irradiate those with a big volume, threatened mesorectal fascia, significant N+ or those with signs of venous invasion.**

The Abstract section is too long, I suggest authors to re-edit it.

Answer: **We have made some changes to reduce the total length of the Abstract section.**

REVIEWER 02506941

The paper systematically reviews a number of 130 CRC patients treated in pre-operative phase with a neoadjuvant chemo-radiotherapy. The paper is sound in what concern the conception, exposure of methodology and of results. However, some I consider that you should do some amendments to the paper, prior to editing. The most important is the title, which does not reflect the content entirely. As you explained in the manuscript, all patients received CRT, and there is no reference of a group receiving only CT, so, I think that the title must refer to radio and chemotherapy, and not only to RT. As I read now, what "makes the difference" is the application of RT, and in fact, we can interpret that "CRT" does, or does not ("responders" vs. "nonresponders") make the difference.

Answer: Thank you very much for your comments. There must be a misinterpretation because the title is: "Response to chemoradiotherapy and lymph node involvement.... ", both chemo and radiotherapy are included.

Besides that, only very minor changes are necessary, which are obvious due to some type errors: To replace: "in 19 cases (14.6%), and another 18 (13.8%) had only very few residual" "in 19 cases (14.6%), and other 18 (13.8%) had only very few residual" "the University Central Hospital of Asturias in a 5 year period were" with: "the University Central Hospital of Asturias over a 5 year period were" Please, make some minor modification to table 1. - Correct the figure for Gender, from 66 to 66.9 - Add please explanations to each figure and table.

Answer: We have reviewed all these minor errors.

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

Sincerely yours,



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Dear Sir,

We have already found the reference from Pettersson et al.

Attache you will find the revised document including the chief editor' s
comments

Kind Regards,

Luis J. García-Flórez