

Editor Comments Letter

The manuscript entitled "Trends on the use of Neoadjuvant Radiotherapy and Clinical Staging for Rectal Cancer," has been edited with the comments provided by the editor and peer-reviewers. A short running title was added, and mentioned as, "Trends of Therapy for Rectal Cancer." Edits were then made of the author, to be in compliance with the proper format. A section on IRB was added, along with the informed consent section. The order of the correspondence were then corrected. The Core Tip was addressed next, and added as follows. "This paper serves to show how changes in practice patterns evolve over time. The adoption of these practice patterns differ across institution type, and the role of appropriate clinical staging is often not included. In order for proper treatments to be initiated, we not only need data substantiated by level one evidence, but we also need proper clinical staging so we can ensure appropriate therapies are delivered to these patients." Another edit made was to the citation sections. The cited works were added as superscripts, and the PubMed citation numbers and DOI citation were included at the end. The comments section was also added, and included the following. "Background. The use of radiotherapy for the treatment of rectal cancer has undergone many changes in the past twenty years, particularly when comparing adoption in community versus academic centers in the United State. Surgical resection with total mesorectal excision (TME) is an essential part of the treatment plan. Various series report local regional recurrence rates anywhere between 50-60% in patients undergoing surgery for rectal adenocarcinoma. The addition of radiotherapy to surgical resection has been an evolving process, and several randomized controlled trials have compared various regimens to surgery alone. The majority of these studies were conducted in the academic setting, and although validated by randomized trials, adoption into the community initially lagged. Despite prospective randomized controlled trials showing the benefit of radiation in the treatment of rectal cancer, its adoption within the community seems limited, and could partially be a result of inaccurate initial staging. Research frontiers: The adoption of radiotherapy into the treatment paradigm of rectal cancer has completely changed the

way this disease has been treated. As with any new therapy, there is always experiments being conducted to see if we again can change our practicing treatment plan. Innovations and breakthroughs: In this study, we identified patients that underwent radiation first versus surgery, and we evaluated if the treatment patterns changed with time. We examined differences between academic and community institutions, and if concordance exists between clinical and pathological stage.

Applications: This study suggests that radiotherapy had slow adoption into mainstream practice, but over time, practice patterns changed. The use of neoadjuvant radiation for the treatment of rectal cancers has seen a steady increase from 1998 to 2011. Although academic centers seem to have higher rates of adoption, the overwhelming majority of centers in the United States now follow a radiation first strategy in the treatment of rectal cancer. Terminology: Radiation: This is the emission or transmission of energy in the form of waves or particles. The use of radiation in clinical practice has greatly changed the way we treat disease in the modern era. Peer-review: The author of this paper evaluated the efficacy of clinical staging and adoption of radiotherapy in the treatment of rectal cancer." The comments and suggestions from the editors pertaining to minor language revisions were also completed.