

Comments to Reviewers

September 3, 2013

Dear Editor,

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

Title: Comparative Analysis of Open and Laparoscopic Colectomy for Malignancy in a Developing Country

Author: Pierre-Anthony Leake, Kristen Pitzul, Patrick Roberts, Joseph Plumm

Name of Journal: *World Journal of Gastrointestinal Surgery*

ESPS Manuscript NO: 4728

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

1. Format has been updated
2. References and typesetting were corrected
3. Revisions have been made according to the suggestions of the reviewer. Please find below my responses to the reviewers comments/concerns

Reviewer 1

How did you select your patients? This was a retrospective analysis. As such, all patients who underwent colectomy for colon cancer were included in the study. Rectal cancer patients, emergency operations and patients who did not have biopsy-proven cancers were excluded. This was included in the "Materials and Methods" section.

What was the BMI of your patients? As this was a retrospective analysis, all desirable data was not included in the patients' records. BMI is not routinely recorded on the patients' charts.

How come you have a fairly high number of sigmoidectomy in colonic cancer? At our institution, segmental colectomy (e.g. sigmoidectomy) is considered acceptable for colonic cancer as long as margins are preserved and adequate lymph node yield is achieved, providing adequate blood flow to the remainder of the colon is achieved through collateral circulation. The results of the study suggest that oncologic principles have not been compromised by this approach. This is supported by literature showing no difference in oncologic outcomes with formal versus segmental colectomies (Secco et al. Segmental resection, lymph nodes dissection and survival in patients with left colon cancer. *Hepatogastroenterology* 2007; 54 (74): 422-6.

Reviewer 2

The sentence "This study was approved by the UHWI/FMS Ethics Committee (File number XXX) and conducted in accordance with the Second International Helsinki Declaration" has been included in the manuscript as suggested.

Reviewer 3

Abstract

1. The purpose has been included in the abstract.
2. Regarding the significant values, the abstract does indicate that $P < 0.05$ is considered significant. The relevant P values are included in the results with comments on whether they were considered significant or not
3. The perioperative mortality rate (6.9%) was calculated and found not to be statistically significant between groups (see Table 4).

Manuscript

1. Blood loss – this was assessed and included in the manuscript, including P values (see table 2)
2. Combined procedures – We did acknowledge in the manuscript (Page 7, paragraph 2) that the inclusion of combined procedures had the potential to skew operative times. We have expounded on this point further in the manuscript.
3. We have further commented on the limitation of sample size on the conclusions made in the study.
4. The surgeries were performed by a variety of surgeons over the period of the study. Those surgeons who performed laparoscopic cases were either trained formally through an overseas fellowship or underwent mentorship (this was included in the manuscript). All surgeons underwent their surgical training in Jamaica. This has been reflected in the manuscript.
5. Other references related to laparoscopic in developing countries have been included in the manuscript, including references related to laparoscopic colectomy specifically.
6. We have expanded the discussion to include more information on the challenges facing the incorporation of laparoscopy in developing countries, including technology and expertise
7. An objective has been included at the end of the introduction.
8. The demographic and clinical information included was based on those documented consistently. Other demographics such as BMI were not consistently reported and were excluded. This is an inherent issue with retrospective analyses.
9. The patients' other diseases were not identified specifically. Instead, the Charlson score was used to grade patient comorbidities, as a surrogate measure of disease burden. The Charlson score was included in the methods section.
10. The inclusion and exclusion criteria for the study are included in the "Materials and Methods" section of the manuscript. This is a retrospective analysis and as such no specific criteria were used to determine open or laparoscopic. This was at the discretion of the attending surgeon. This has been reflected in the manuscript.
11. 30-day mortality was included in the manuscript – see Table 4.
12. The analysis of these data focused on short-term outcomes. Cancer-related deaths were not included as the information in the patients' records for such long-term data was not consistent and thus unreliable.
13. We have not suggested that the data from this study can be extrapolated to other countries. We have suggested that laparoscopic colectomy in a developing country is oncologically safe and that the continued development of laparoscopy should be encouraged in such environments.
14. We have included references that demonstrate the success of laparoscopy in developing countries. This has included in both the introduction and discussion.
15. We have added more information with regards to the limitations of the study.

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

Sincerely yours,

A handwritten signature in black ink, appearing to be 'AR' followed by a flourish.

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