

Feb 10, 2014

Dear Editor,

Please find enclosed the revised manuscript in Word format (file name: 7400-review.doc).

Title: Rectal squamous cell carcinoma treated with surgery and radiotherapy

Authors: Jun-Feng Wang, Zhen-Xing Wang, Xiao-Xiao Xu, Cui Wang, Jian-Zhong Liu

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript No: 7400

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

1 Format has been updated

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

Major critics:

1) In this work, a curative surgery followed by radiotherapy was proposed and applied to a female patient with bi-primary squamous cell carcinoma. It would be useful to clarify the rationale of the proposed treatment option.

Response: Patients with localized tumors should be treated surgically if possible. Due to the relatively high risk of locoregional recurrence of rectal cancer of T4N0M0 stage, combined adjuvant therapy was recommended. However, considering patient's rejection of chemotherapy and the old age, we recommended the individualized treatment of a curative surgery followed by radiotherapy.

2) The proposed treatment consisted of a curative surgery and radiotherapy. The details of radiotherapy are lacking. It would be helpful to provide detailed information on radiotherapy. For example, how GTV, CTV and PTV are defined for the radiotherapy? How the fractionation of the radiotherapy is selected? A figure of dose distribution would be helpful.

Response: We have added the information as you suggested. The patients was treated with a megavoltage linear accelerator (6 MV) in prone position; a 2-fields technique (AP-PA fields) was used. The upper border of the radiation field was at the LA/L5 junction; and the inferior border was at the lower edge of ischial tuberosity including the surgical scar. The left border and the right border included a 1.5-cm margin on the pelvic brim. The radiotherapy doses were specified at the intersection of the central axis of the beams in the pelvis. The dose delivered to the pelvis was 45 Gy in 25 fractions over 5 weeks. The daily dose of 1.8 Gy was given through the AP-PA fields.

3) As described in the work, accuracy of time delay measurement depends on both film streak

length measurement and motion speed. It would be critical to clarify the uncertainties of the length measurement and motion speed. A discussion on the issue would be useful.

Response: This study aimed at the treatment of rectal squamous cell carcinoma. The diagnosis was based on the examination of both the colonoscopic biopsy and surgically resected samples. We, therefore, did not discuss the length measurement and motion speed.

4) In the introduction, few previous works were mentioned. It would be helpful to provide a more comprehensive literature review.

Response: We have reviewed more literature and added them to the Introduction .

5) On page 6, the 2nd paragraph: “ i(I)n generally, the survival” does not appear helpful. Please consider to revise or completely remove it.

Response: Thank you for your advice. We have revised the paper in this part.

Minor critics:

1) The section of author contributions is missing.

Response: We have added the author contributions in the title page.

2) On page 8, inconsistent word style is noticed. Please use consistent word style.

Response: We have revised it according your suggestions.

3) On page 6, the statement of “...radiotherapy is a better approach to patients...” is not clearly supported by the data presented in the work. Please revise it using a moderate statement.

Response: We have corrected it according to your advice.

4) On page 5, “...as high as 20%.” It would be helpful to add references to support it.

Response: We have added references according to your suggestions.

3 References and typesetting were corrected

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

Sincerely yours,

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