

Review Letter

May 23, 2014

Dear Editor,



Please find enclosed the edited manuscript in Word format (file name: 10494-review.doc).

Title: Acute bacterial infection negatively impacts cancer specific survival of colorectal cancer patients.

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

- (1) The reviewer 1 suggested to eliminate any reference to inflammation and focus the study in infection.

We really appreciated this suggestion and changed the text. Thank you very much for your suggestion, it improved our paper.

Question 1: Are the different infections related in the same way to survival of the patients? I suspect that some of them could be more aggressive than others.

Answer 1: it is unlikely that aggressiveness of infection have had some impact on our results, since we have looked for cancer-specific survival (deaths due to colorectal cancer), and not overall survival, which could have been affected by mortality due to other causes than colorectal cancer. Nevertheless, we did an analysis of cancer-specific survival testing any differential effect owing to infection site or type and no statistical difference was observed ($p > 0.05$).

Question 2: It is known that location of colorectal cancer has impact on survival. This issue should be considered in the study.

Answer 2: we agree with your point, but unfortunately we did not looked into this data when we reviewed the medical records. We tried to look for them now, but many of medical records are stored outside our hospital and would take more than a month to rescue them. As we have short timeline to answer the editor, we decided to go without this important question.

Minor corrections: there are some incongruences between data in Methods and Results sections and data in table 1.

Thank you for pointing these mistakes and for giving us the chance to correct them. We revised all tables, figures and the whole text and decided to improve table 1. This table is now much more informative for the readers. Just to inform, the total number of patients included was 106 and the majority of them were male, as shown in table 1. Thank you again for pointing our mistake.

- (2) The reviewer 2 suggested to compare the relationship between bacterial infection and cancer stages, recurrence, metastasis, and patient age and also the correlation of patient survival with local or systemic (e.g. bacteremia) infection.

Answer: we made all these analysis and they can be seen in the new version of Table 1, with exception of recurrence and bacteremia. As for bacteremia, we performed the suggested analysis and it was not statistically significant ($p>0.05$). Concerning recurrence, our objective was to observe the cancer specific survival. For this reason, we did not collect the data on recurrence. As the reviewer 1 had an important question too, we decided to look the medical records again. But, as we explained to reviewer 1, many of these medical records are kept outside our hospital and would take more than a month to rescue them. We do not have this time to answer the editor.

- (3) The reviewer 3 pointed some minor corrections that were corrected in the text. We really appreciated this. Thank you.

We deeply hope our answers and corrections suffice to grant acceptance of our paper into this periodic. Thank you again for considering publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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