Format for ANSWERING REVIEWERS

December 31, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14597-revised.doc).

Title: Risk Factors Causing Structural Sequelae after Anastomotic Leakage in Mid-to-Low Rectal Cancer

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 14597

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

1 Format has been updated

(1) Author contribution, ethics approval, informed consent, conflict of interest and data sharing were added.
(2) Comments were added.
(3) Figure legends were moved to the end of the manuscript
(4) Figure 1 file was changed to .doc to be composable.
(5) A keyword was added and hyperlink was made at possible words.
(6) Core tips and abbreviations of all authors were added

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

(1) 'Fourteen' instead of 14 at the start of a new sentence in RESULTS section of ABSTRACT
(2) Unnecessary spaces between 'risk of' AND 'structural sequelae' were removed in RESULTS section of ABSTRACT
(3) Two subgroup anlysEs WERE performed – Corrected (RESULTS section of ABSTRACT)
(4) the use of articles such as 'the', 'a' and 'an', etcetera) - Corrected
(5) Describe the type of analyses in the method section – Added into METHODS section of ABSTRACT (Prospectively collected data of consecutive subjects who had anastomotic leakage after surgical resection for rectal cancer from March 2006 to May 2013 at Korea University Anam Hospital were retrospectively analyzed.)
(6) The authors describe that anastomotic leakage may result in a decreased quality of life and that sequelae may occur even after proper management of anastomotic leakage. Please give references. – We added 3 references (ref. #3-#5)
(7) The references used to describe the risk factors of anastomotic leakage after colorectal surgery are not up-to-date. Recently, a systematic review and meta-analysis on this topic was published (Pommergaard et al, colorectal disease 2014;16(9):662-671). – We added an updated reference (ref #6-#9)
(8) It should be noted what the overall incidence of anastomotic leakage is. What was the total number of patients operated on for rectal cancer during the study period? Total number of rectal cancer patients was

809 and leakage rate was 13.22%. We added a sentence "A total of 809 patients with rectal cancer underwent surgical resection during this period." in Materials and Methods section.

(9) The definition of loss-to-follow-up is not clear. – "Follow-up loss was defined as when the patient did not present at the clinic before we decided the management of structural sequelae of AL and whether the enterostomies were permanent." changed to "Follow-up loss was defined as when the patient did not present at the clinic on any of the designated dates during study period." at Study cohort and data collection section in Materials and Methods.

(10) It should be discussed whether or not the treatment of anastomotic leakage with conservative antibiotic therapy is of clinical relevance. – subclinical leakage was diagnosed when the patients had clinical symptoms or signs of peritonitis without significant clinical deterioration and color change of drainage fluid. Subclinical leakage can be managed conservatively with antibiotic treatment (Int J Colorectal Dis 2014 Apr;29(4):453-458)

(11) Were all patients electively planned for surgery or were emergency surgeries performed in some patients as well. Did this influence the results? Please, address this in the method section and result section (table 1 and 3) – Patients who had emergency operations were all excluded and we added a word "elective" at Study cohort and data collection section (We performed a retrospective data analysis with prospectively collected data from a cohort of 107 consecutive patients who experienced AL after elective surgical resection for rectal cancer from March 2006 to May 2013 at Korea University Anam Hospital.)

(12) The statistical analysis used in table 2 is not clear. It should be considered to include the different managements of anastomotic leakage in the univariate (table 3). – Table 2 was removed and the data contained in the table 2 moved to table 3 and 5. Table numbers were re-organized.

(13) If both elective and emergency patients are included in this study, this should be addressed and included in the tables (1 and 3) – Emergently operated patients were all excluded

(14) As mentioned in the method section, please give information on 'the total rectal cancer group' and the incidence of anastomotic leakage - Total number of rectal cancer patients was 809 and leakage rate was 13.22%. We added a sentence "A total of 809 patients with rectal cancer underwent surgical resection during this period." in Materials and Methods section.

(15) Conclusion may not include colorectal cancer patients. – corrected to 'rectal cancer patients'

(16) Although it is to be expected that a prolonged length of stay at the ICU and multiple postoperative complications may reduce clinical condition or even quality of life, this was not investigated in this study. Please revise your last sentence in the conclusion ('Permanent stoma was associated with poor postoperative condition') – We removed 'Permanent stoma was associated with poor postoperative condition'

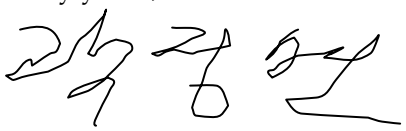
(17) "Univariate and multivariate analyses were performed to identify the risk factors of structural sequelae after anastomotic leakage." – added in RESULTS section of ABSTRACT

3 References and typesetting were corrected

(1) References were added

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

Sincerely yours,



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