

ANSWERING REVIEWERS

January 09, 2015



Dear Editor,

Please find enclosed the revised manuscript in Word format (file name: 14808-revised.doc).

Title: Laparoscopic radical resection of lower rectal cancer with telescopic anastomosis through transanal resection without abdominal incisions

Authors: Shi-Yong Li, Gang Chen, Jun-Feng Du, Guang Chen, Xiao-Jun Wei, Wei Cui, Fu-Yi Zuo, Bo Yu, Xing Dong, Xi-Qing Ji, Qiang Yuan

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript No: 14808

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

1 Format has been updated

2 Revisions have been made according to the suggestions of the reviewers:

(1) We appreciate reviewer's comments and have indicated incision free as surgical specimen could be removed from trans-anus ring incision without the need of abdominal incision.

(2) We have defined the study inclusion and exclusion criteria as follows:

Inclusion criteria: 1. lower rectal cancer with the lower edge 5-7 cm from the anal margin; 2. T1/T2N0M0 highly differentiated small adenocarcinomas; 3. early rectal cancer confined to the bowel wall, tumor diameter \leq 3 cm,

invasion less than or equal to half the circle of the intestinal wall; and 4. tubular adenomas, which are villous tubular and glandular cancerous tumors for which the resection margin is > 1 cm; highly differentiated adenocarcinomas with resection of the lower edge > 2 cm; and poorly differentiated adenocarcinomas with resection of the lower edge > 3 cm.

Exclusion criteria: 1. the lower edge of tumor < 5 cm from the anal margin; 2. the preoperative stage of tumor $> T1/T2N0M0$; 3. tumor diameter > 3 cm or invasion more than half the circle of the intestinal wall; and 4. overweight patient with BMI > 30 or with narrow pelvis.

(3) We have retrieved and added more updated references.

(4) There might be a misunderstanding, and there was no patient with T3 stage in our study. The preoperative and postoperative staging is listed in Line 6-7 at Page 4 and Line 10-11 at Page 7.

(5) About postoperative adjuvant radiation and chemotherapy.

In the present study, patients with greater than T2 stage received 7-12 cycles of postoperative systemic chemotherapy with the mFOLFOX6 protocol (oxaliplatin, 5-fluorouracil and calcium folinate). And 11 patients with T₂N₁M₀ stage were given postoperative pelvis radiotherapy at a total dosage of 10-20 Gy before adjuvant chemotherapy.

(6) In this study, all of the 30 patients underwent a radical resection without positive circumferential resection of the margin and without positive distal resection margin (resection of the lower edge > 2 cm). No patient received preoperative radiotherapy or postoperative diverting stoma.

(7) Regarding the manuscript type, this is a retrospective clinical study, and we wish a publication as brief article. Therefore, no approval from the Ethics Committee is required due to the nature of the study design. Lack of control group is the main limitation of this study. More cases and longer follow-up would be included for the observation of oncological outcome, and we will carry out randomized controlled trials (RCTs) in the future studies.

(8) Figures and legends have been updated.

(9) Error in Line 5-6 of page 6 has been corrected.

3 References and typesetting were corrected

Thank you again for the comments from the peer reviewers and publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'Shi-Yong Li', written in a cursive style.

Shi-Yong Li, M.D.

Department of General Surgery, General Hospital of PLA Beijing Military
Command, Beijing 100700, China

E-mail: lisybz@163.com

Telephone: +86-10-84008099 Fax: +86-10-84008099