

December 25, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15057-review.doc).

**Title:** Long-term oncologic outcomes of laparoscopic versus open surgery for stage II and III rectal cancer : a retrospective cohort study

**Author:** Zhen-Xu Zhou, Li-Ying Zhao, Tian Lin, Hao Liu , Hai-Jun Deng, Heng-Liang Zhu, Jun Yan, Guo-Xin Li

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 15057

1 . Format has been updated

- 1) **The section of ‘author contributions’ has been added to the ‘title page’;**
- 2) **The content of supported funds has been added to the ‘title page’;**
- 3) **The section of ‘core tip’ has been added after the ‘abstract’ section;**
- 4) **The ‘comments’ section has been added between the end of the text and the ‘references’ section;**

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

**Suggestions of reviewer 1 and reviewer 2 were same:**

In this paper, the authors conducted a retrospective cohort study to evaluate long-term oncologic outcomes of LRR for stage II and III rectal cancer in Chinese population. The paper was written basically in accordance with the recommendations of the STROBE(Strengthening the Reporting of Observational Studies in Epidemiology ) Statement. However, I have several concerns as follow:

- 1). It would be better to indicate the study’s design in the title or the abstract. The title of this paper

can be revised as “Long-term oncologic outcomes of laparoscopic versus open surgery for stage II and III rectal cancer : a retrospective cohort study” for example.

**>>>> Thank you for your comments. It is truly more precise that indicate the design of this study in the title. We have rephrased the title according to your comments.**

2).The innovation in this paper is to evaluate long-term oncologic outcomes of LRR for stage II and III rectal cancer. While, in abstract section, the novel findings related to long-term oncologic outcomes and stage II and stage III rectal cancer have not been described.

**>>>> Thanks. The 5-year survival outcomes of stage II and stage III rectal cancer respectively were omitted. We have added those in the abstract section.**

3). It is better to present the standard deviation of age and the minimum and maximum age of the participants.

**>>>> Thanks. The age of the participants have been rephrased as median and the minimum and maximum age.**

4).The issue that the authors were concerned about in this paper had been discussed in other papers. As the authors described in introduction section, there were many retrospective cohort studies providing different long-term oncologic outcomes between laparoscopic and open surgery for stage II and stage III rectal cancer. Moreover, meta-analysis on this issue have also been performed. So, the authors should give the reasons of performing this investigation in introduction section. In discussion section, the authors should give the interpretation of their novel results compared to those in previous retrospective cohort studies.

**>>>> Thank you for your valuable comments. long-term outcomes of RCTs are still needed to provide solid evidence on the efficacy of laparoscopic resection in the treatment of rectal cancer now. Rare trials involving subgroup comparing of stage II or III rectal cancer[1] among the published studies comparing the long-term oncologic outcomes of rectal cancer between laparoscopic rectal resection (LRR) and open rectal resection (ORR) groups[1-11]. The 5-year oncologic outcomes of stage II or III rectal cancer is not persuasive**

**enough for the limited cases[1], especially in China. Therefore, we performed this investigation focusing on the oncologic evaluation of laparoscopic resection for stage II and stage III rectal cancer.**

3. References and typesetting were corrected

## **References**

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

Sincerely yours,

*Guo-Xin Li, MD., PhD.*

Department of General Surgery

Nanfang Hospital, Southern Medical University

No. 1838, North Guangzhou Avenue, Guangzhou 510515, China.

Tel: +86-20-61641682

Fax: +86-20-61641683

Email: [gzliguoxin@163.com](mailto:gzliguoxin@163.com)