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Name of Journal: *World Journal of Clinical Oncology*

ESPS Manuscript NO: 21189

Manuscript type: Minireviews

Answering reviewers

Reviewer#1

Interesting review, could be of help in clinical practice. Readers will find it useful as a review in their clinical management of patients.

Response: We thank the Reviewer for the comment.

Reviewer#2

Well written article, nice update for clinicians in this field. Minor comment: In your conclusion, you advise to use endoscopy in case of acute bleeding. In my experience, endoscopy is in case of bleeding challenging, most of the times not possible. I think that embolisation would be the preferred method. Can you comment on this?

Response: based on our experience and on the published literature, an adequate haemostasis can be achieved in about 80-85% of cases with endoscopic procedures; to the best of our knowledge there is no published literature on the use of embolisation for acute radiation-induced rectal bleeding.

Reviewer #3

The authors have summarized the available treatment options for "Pelvic Radiation Disease" based mainly on the randomized evidence. However, the manuscript may not be of high priority for publication as: 1. The only novelty lying in the present manuscript is focus on the use of term pelvic radiation disease (PRD) as postulated by Andreyev HJ et al Lancet Oncol 2010 2. The review also does not appear to be complete in the absence of inclusion of surgical options for management, other emerging novel methods for management of PRD, role of other agents like anti-oxidants, short chain fatty acids etc. 3. Similar review has already been published: Do NL et al, Gastroenterology Research and Practice Volume 2011. 4. The present article does not add to the existing literature and reviews.

Response: we agree with the Reviewer#3 that the main novelty of our review is on the use of the best available evidences and the implementation of the term and concept of "pelvic radiation disease" (PRD); therefore, we provide a sort of practical guidance based on the

best available evidences that can help the clinicians to manage this common disease (PRD). Therefore, we believe that the current review substantially differs from the previous ones.