April 13, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2815-review.doc).

Title: Strategy for massive presacral bleeding during rectal surgery: From anatomy to clinical practice

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 2815

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

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

(1) **This is worth mentioning and the small cohort of patients mitigates from the overly definitive management algorithm suggested in the figures?**

Massive presacral bleeding is a potentially life-threatening complication of rectal surgery. We described the process and two simple and effective techniques for controlling massive presacral bleeding. The algorithm was recommended to the readers.

(2) **What is massive hemorrhage?**

Generally speaking, intra-operative massive hemorrhage is defined as bleeding volume more than 500ml.

(3) **N° 16 report a method of suture ligation, so they should explain in what their method is different from the one from Ref 16.**

The bleeding type should been distinguished as soon as possible and then an appropriate hemostatic technique can be employed. Importantly, Suture ligation can be employed only when the bleeding point originates from presacral venous plexus. This key point was not mentioned in N° **16.**

(4) **I don't understand why they correlate the bleeding patients with the presence or absence of neoadiuvant therapy.**

Neoadjuvant therapy especially radiotherapy leads to presacral tissue fibrosis. This change may increase the difficulty of operation and increase the possibility of the presacral vascular injury.

(5)Also I'm surprised of the low rate of neoadjuvant treatment in this series and of the significantly higher proportion of recurrences in patients that received neoadjuvant radiotherapy (9/114) compared to those without RT (12/1463).

Patients with local recurrent rectal cancer are commonly recommended to receive neoadjuvant radiotherapy. However, neoadjuvant radiotherapy is performed only in primary rectal cancer patients with stage of T3-4 or N1-2. Therefore, the rate of neoadjuvant treatment in recurrent patients was higher than the primary patients in our study.

3 References and typesetting were corrected

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

Sincerely yours,

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