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9th January 2017
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General Surgery

Dear Editor

Please find enclosed the edited manuscript in Word format ().

Title: Value of Multi-Disciplinary Input into Laparoscopic Management of Rectal Cancer – An Observational Study

Authors: Pawan K Dhruva Rao, SPM Peiris, Seema S Arif, Rhodri A Davies, Ashraf G Masoud, Puthucode N Haray.

Name of Journal: *World Journal of Gastrointestinal Surgery*

ESPS Manuscript NO: 30947

We thank the reviewers for a positive review and 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 reviewers and marked in the revised manuscript as color coded highlights as below:

Reviewer Comments

Reviewer 1: Reviewer Number: 182860

This is a good paper, showing that excellent results can be achieved by dedicated teams. My only remark concerns the title: it must be changed! The present one suggests demonstration of better results achievable by the MDT but here we do not find comparison with previous or different experiences!

Response:

**The Title has been amended as suggested (Highlighted in the manuscript)
Not possible to provide a comparative group – highlighted in discussion and identified by a comment**

Reviewer 2: Reviewer Number: 227359

This retrospective analysis focuses on the MDT (several related specialities coming together every week) on rectal cancer management and they suggest MDT for better early and late outcomes and for laparoscopy. Main deficit of the study was the absence of a control group. Are the outcomes of a hospital that does neoadjuvant therapies, has experienced surgeons and other related specialities but not coming together regularly, worse than the prior ones?

Response:

MDT management has been a mandatory requirement for treatment of cancers in UK since 2000. For this reason, we cannot perform a meaningful comparative analysis of patients who have not received care under the MDT umbrella. The management of the rectal cancer has also undergone a significant change over this period. This precludes use of a historical cohort for comparison as there could be other confounding factors that influence outcomes. This has been acknowledged and highlighted in the manuscript.

The work does not add any additional information to the present literature, however the authors report their significative experience in multidisciplinary management of rectal cancer in the era of laparoscopic surgery; they describe a good number of clinical cases with interesting results.

Response:

Thank you for your positive comments in support of our study. This observational study, although a single institution study, adds further evidence along with other published literature of long term outcomes following laparoscopic rectal resections especially in light of the most recent trials.

3 References and typesetting were reviewed and found correct.

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Surgery*

Yours Sincerely



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