

Dear Editor,

I am pleased to submit for review the revised version of WJS NO 32065 “Presacral venous bleeding during mobilization in rectal cancer”. I would like to express my appreciation for the constructive comments offered by the Editor and the reviewers. The manuscript has been subjected to a thorough revision, and I hope that it can meet the standard for publication in your Journal.

**REVIEWER 1 03505493 COMMENTS:**

In this very complete review of a considerable number of published articles about presacral venous plexus injury during the mobilization of the rectum, there is a summary of the possible techniques used to treat presacral venous bleeding. Although a final, general message is not possible due to the data in the literature (few cases in most publications), the overview may be very helpful for many types of reader of this journal. I have appreciated so much also the anatomical considerations.

*The reviewer's comments are greatly appreciated.*

**REVIEWER 2 03478805 COMMENTS:**

This review will be helping surgeons understand the physiopathology of presacral bleeding and the surgical strategies for its treatment. It is really helpful. However, the references of this manuscript are not so updated and the papers in Pubmed were not included as described in the MATERIALS AND METHODS section. The authors should also add more their own opinions.

*We included 58 articles that refer to the treatment of presacral hemorrhage during rectal cancer resection and/or the pathophysiology of presacral venous bleeding and its causes, including those related to sacral anatomy, in the period between January 1960 and June 2016.*

*We added our opinion to the Conclusions section.*

*The reviewer's comments are greatly appreciated.*

**REVIEWER 3 03529777 COMMENTS:**

This is an interesting review about the most important aspects in the literature of the presacral venous bleeding during mobilization in rectal cancer. They conclude that this review can help the surgeon understand the physiopathology and treatment strategies for this complication. In this review the readers can know the different approaches to treat this lethal complication. However, the present study is limited in the methodology of the systematic review.

1. In spite of the difficulty to carry out a conventional systematic review to identify optimal treatment because few cases were analyzed in most publications, the authors should include in this review more details about the information sources and database searching (inclusion and exclusion criteria), quality assessment, data extraction, data synthesis and the consort flow diagram.

*The reviewer's suggestions are appreciated.*

*In our review, we analyzed the literature published between January 1960 and June 2016, including only articles dealing with presacral bleeding in rectal cancer. Given the small number of cases described in the published studies and the fact that most cases did not require follow-up, we did not draft a CONSORT flow diagram. We have added further information to the Materials and Methods section for clarity.*

2. One of the strongest points of this review is the anatomical review of the presacral venous plexus, hemodynamic aspects and types of lesions. So the authors should consider including graphic material to facilitate the reader the compression of the most important topics.

*We added the following figures:*

*Fig 1 Sacrum specimen. Multiple sacral basivertebral vein foramin, between 2-4 mm, are seen on S4-S5.*

*Fig 2 Diagram showing the sacral venous system RSV=right sacral vein. LSV=left sacral vein; MSV=middle sacral vein; PVP=presacral venous plexus; IVVS=internal vertebral venous system; BVV=basivertebral vein*

3. Although there are multiple therapeutic alternatives and it is difficult to assess which of them are superior to others because the greater of them refer to series of few cases and not to comparative studies, it is difficult to obtain a clear idea about which method to use. Therefore, it would be interesting that the authors who have exhaustively studied everything published on this topic would establish a series of recommendations as a summary on which methods should be used depending on the clinical situation.

*There is no consensus on the most effective technique in cases of presacral venous bleeding during surgery for rectal cancer. We used an algorithm (Figure 3) to summarize the different methods that could be used in each clinical situation. We also added our opinion to the Conclusions section.*

Minor points:

1. Author order in the references should be revised.

*The author order has been revised (AJE).*

2. In the bakri balloon apart, authors described that it was successfully used in “2 patients” for the treatment of presacral bleeding and the original article refers that it was successfully used in “4 patients”.

*We reference two patients who were treated for rectal cancer. Of the other two patients, one had a cancer in the sigmoid colon and the other a vascular malformation.*

3. Some grammatical errors should be revised.

*The article was edited for English usage by American Journal Experts (AJE).*

*The reviewer's comments are greatly appreciated.*

**REVIEWER 4 03551817 COMMENTS:**

This work proposes a review on presacral venous bleeding during mobilization in rectal cancer and introduce a series of alternative treatments. It's helpful for many readers of this journal. However, the paper suffers for two limits:

1) Authors should put forward more your own opinions.

*We have added our opinion to the Conclusions.*

2) Authors introduced the anatomical vascular data of the SVP, the essential factors that influence the flow of the venous injury, the causes and types of injury, the incidence of presacral bleeding, and treatments applied to control the bleeding in the RESULTS. It's better to use subheadings for extremely important points to make the article compact and carefully constructed.

*The organization of the article was revised according to the reviewer's suggestion.*

*The reviewer's comments are greatly appreciated.*