

November 10, 2020

World Journal of Clinical Cases

Re: Resubmission of manuscript 58945, Retrospective Study

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Construction of a clinical survival prognostic model for middle-aged and elderly patients with stage III rectal adenocarcinoma"(Manuscript ID: 58945). Those comments are all valuable and very helpful for revising and improving our manuscript, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are **marked in red** in the revised manuscript. The main corrections in the manuscript and the responds to the reviewer's comments are as flowing:

Responds to the reviewer's comments:

Reviewer #1:

1. Response to comment:(*Specific Comments to Authors: I would like to thank the authors for the well written manuscript. However, I have very little concern , the introduction is over shortened and need a little bit more details to move the reader smoothly to the manuscript. It would be difficult for general endoscopists or gastroenterologists to easily move across the manuscript. I would suggest highlighting recent studies as the following <https://doi.org/10.3389/fonc.2020.00733> specially one that included large number of patients as this one <https://doi.org/10.1007/s00384-020-03562-6> . Otherwise, I found the manuscript very interesting and informative.)*

Response: Thank you for your advice. We carefully read these two articles and made some additions to the introduction section in this revision in order to provide more details for the reader to read the manuscript smoothly. (**line84-line86,line90-line95**)

Reviewer #2:

Specific Comments to Authors: 1.Where is the neoadjuvant therapy 2.CRM positiveness is 81% ,it is unacceptable percentage 3.Rectosigmoid tumor is not rectal cancer

1.Response to comment: (*1.Where is the neoadjuvant therapy*)

Response :1.At present, we have little clinical information available for patients with rectal adenocarcinoma treated with neoadjuvant chemotherapy and cannot perform accurate nomogram construction for this population, so we did not study this population separately. This point we will

add to the limitations section in the revised manuscript. (line350-line352)

2. Response to comment: (*CRM positiveness is 81% ,it is unacceptable percentage*)

Response :The positive rate of CRM was 29% and the negative rate was 81% in our study results. The positive rate in the article table was 81%. We checked the article again and found that the header in the table 1 in the article was incorrectly written, and we are very sorry. But the conclusion of the results in the manuscript is correct. This may have affected the reviewers' judgment.

3. Response to comment: (*Rectosigmoid tumor is not rectal cancer*)

Response : Current studies suggest that rectosigmoid tumors are located in the upper rectum and belong to rectal cancer. We have taken this issue into account in our study design. In order to avoid the effect, we have distinguished rectal cancer from non-rectosigmoid cancer, and the results of univariate analysis showed that tumor location had no effect on survival difference ($P > 0.05$), and we then performed further analysis and concluded.

Reviewer #3:

Response to comment:(*The article is written on a relevant topic. Colorectal cancer is a significant public health problem worldwide. The methodological level of work is high and beyond doubt. The research results, important for practical doctors, were obtained. The results showed that LNR is more important for the prognosis of middle-aged and elderly patients with stage 3 adenocarcinoma than pLN and DLNs. As a result, nomograms have been created that will be useful for patient management. There are no significant disadvantages on the article. It can be published in the World Journal of Gastroenterology if the journal actively publishes articles related to the management of cancer patients by practitioners.*)

Response :Thank you for your comments. Thank you.

Reviewer #4:

Specific Comments to Authors: 1. As this study from 2010-15, the newer prognostic factors like tumor budding and molecular changes are not included in prognostification. 2. Till 2020 would have given a better pronostic details. 3. In reference 1 , year of publication is not mentioned 4. Recent articles on recent prognostic indicators of colorectal carcinoma can be discussed in discussion.

1. Response to comment: (*As this study from 2010-15, the newer prognostic factors like tumor budding and molecular changes are not included in prognostification*)

Response :Thank you for your advice. This study is based on the SEER database and does not contain data on some new factors. This is also one of the limitations of the study. We refined in the article Discussion Limitations section. Clinically, readily available predictors favor the

applicability of nomograms in the clinic. In this paper, nomograms were successfully constructed based on data commonly used in clinical practice and validated by different methods. The results showed that the nomogram prediction effect was good and had clinical significance. (line346-line352)

2. Response to comment: (*Till 2020 would have given a better pronostic details.*)

Response :Thank you for your advice. This study was based on the SEER database. The incomplete update of clinical information on patients diagnosed with rectal adenocarcinoma in recent years in the database is one of our limitations. We supplement in the limitations section of the article discussion. (line346-line352)

3. Response to comment: (*In reference 1 , year of publication is not mentioned*)

Response: Thank you for your advice. We updated the format of the relevant references.

4. Response to comment: (*Recent articles on recent prognostic indicators of colorectal carcinoma can be discussed in discussion*)

Response: Thank you for your advice. In the original manuscript, much of the recent relevant literature on prognostic factors in rectal cancer has been discussed. We refined the relevant discussion so that the article could be better understood. (line284-line286)

5 EDITORIAL OFFICE'S COMMENTS

Science editor:

Issues raised:

1. *The authors need to provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement.*

Response: Thank you for your advice. We provide a **conflict of interest disclosure form** and a **copyright license agreement**.

2. *I found the language classification was grade D. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>;*

Response: Thank you for your advice. We re-polished the language of the article again after the amendment to ensure that the language could meet the publication requirements. We provided a **certificate of language editing**.

3. *I found the authors did not provide the approved grant application form(s). Please upload the approved grant application form(s) or funding agency copy of any approval document(s);*

Response: Thank you for your advice. This time we provided **grant approval documents**.

4. I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

Response: Thank you for your advice. We provided the **original pictures** in the manuscript to ensure that they could be re-edited.

5. I found the authors did not add the PMID and DOI in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout;

Response: Thank you for your advice. We updated the format of the relevant references.

6. I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text;

Response: Thank you for your advice. We added "Core tip" section and "article highlight" section to the manuscript. (**line71-line77, line366-line419**)

7. the author should number the references in Arabic numerals according to the citation order in the text. The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces;

Response: Thank you for your advice. We updated the format of the relevant references.

8. I have changed the manuscript type “Clinical and Translational Research” to “retrospective study”.

Response: Thank you.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the manuscript. And here we did not list the changes but marked in red in revised manuscript. we have had the manuscript checked by a native English speaker through a professional editing company to ensure that the language is at a high level for publication, and that our results and the significance of the study are conveyed appropriately. We appreciate for your warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Sincerely,
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