

ANSWERING REVIEWERS



June 22, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2429-review.doc).

Title: Prediction of synchronous colorectal cancers by conventional ct in subjects receiving an incomplete colonoscopy: A Single-Center Study

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 10646

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)Reviewer#1:

1) Pang et al. evaluated the diagnostic accuracy of the computer tomography in patients with synchronous colorectal cancer. It is a well-designed and nicely written paper, however I suggest some minor changes and I have some questions also. In the result section of the abstract, the mentioned risk factors regarding patients with negative abdominal CT should be specify. These factors should be emphasized in the result section of the manuscript itself – I have not found any mentioned regarding these factors. Based on these factors we would able to stratify the indication of the CT in this group of patients.

Answer: Thank you for your suggestive comments. We have rewritten the results section of both the Abstract and the manuscript to specify the risk factors.

2)A new CRC in a 6 month time after the operation of the index cancer was defined as a synchronous cancer. Rate of cancer recurrence in the anastomosis of the surgery should be mentioned.

Answer: Thank you for your advice. We have added this information in the first paragraph of the Result Section.

3)As it was a nearly 10 years long study, the changes of the technique of the CT itself should be mentioned. Or was it a retrospective analysis of the CT scans? The operator dependant changes should be taken into consideration also.

Answer: we agree with your comments. This is actually a retrospective analysis and the technique of the CT was generally uniform. The operator dependant changes were mentioned in the fourth paragraph of Discussion to describe the limitation of the present study.

4)The average distance between the index tumour and the second one should be included. It is not easy to make a distinction between of two tumours located very close to each other. This data may influence the frequency of the synchronous tumours.

Answer: we think these comments are very constructive and we have supplemented the corresponding information in the Results and table 1.

5)I'm interested of the rate of tumours which were missed by the colonoscopy (when the second tumour was more distal in the colon compared to the index tumour)

Answer: In 374 CRC patients underwent an incomplete colonoscopy, 4 cases of SCRCs were missed due to poor preparation of bowel. We have added the information in the Results Section

6)Formal: Statistical methods should be interprete more accurately. The term "dolichocolon" is not a usual one. I suggest to substitute it.?

Answer: we are sorry for the inaccurate expression and have rewritten the "Statistical methods" and substitute the term "dolichocolon"

(2)Reviewer #2

This is a Single-Center study, and we do not think that results are credible

Answer: Thank you. But we do not totally agree with your comments. Compared with multiple-center clinical trial, our study may be less persuasive. So we discussed the limitations of our study in the manuscript to make it more objective. Actually, a lot of single-center studies have been published and cited. (eg. Kusters M, et al. Patterns of Local Recurrence in Rectal Cancer: A Single-Center Experience. *Annals of Surgical Oncology* 2008 16(2): 289-296)

(3)Reviewer#3

This is an interesting well-described study. This work is technically well conducted and well written. It addresses an interesting clinical area in an application

Answer: Thank you for your encouraging comments.

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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