

April 30, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 2515-Edited.doc).

**Title:** Quality of life after laparoscopic versus open sphincter-preserving resection for rectal cancer

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**Name of Journal:** *World Journal of Gastroenterology*

**ESPS manuscript NO:** 2515

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

1 Format has been updated.

2 Revisions have been made according to the suggestions of the reviewer.

- (1) We agree with the reviewer that one of the intrinsic problems of our nonrandomized study was case selection bias. However, we believe that a fair comparison could still be made because the baseline characteristics and sociodemographic data of the two groups of patients were similar.
- (2) Regarding the issue of "intention-to-treat" analysis, the reviewer point is well taken. However, the main purpose of our study is to evaluate the genuine impact of the laparoscopic approach per se on the quality of life (QoL) outcomes after rectal cancer surgery, and hence conversion to laparotomy was an exclusion criterion. During the study period, there was actually no conversion among patients who underwent laparoscopic rectal surgery at our institution. An "intentional-to- treat" analysis may be more appropriate for a randomized study design with a much larger sample size.
- (3) The word "consecutive" has been changed to "eligible", as suggested by the reviewer.
- (4) Regarding the issue of external validity, the reviewer's point is well taken.

We employ very stringent inclusion and exclusion criteria that may potentially affect the generalizability of our study findings. However, we believe that this is also one of the strengths of our study. Unlike other studies that include metastatic cases and abdominoperineal resection in their QoL analysis, our study only focuses on Chinese patients undergoing curative sphincter-preserving rectal resection, thus minimizing the impact of other potential confounders on the QoL assessment.

- (5) Regarding the issue of internal validity, the proportion of patients with high rectal cancer was only 50% in both groups, and the rest were patients with mid/low rectal cancer. Patients with mid/low rectal cancer who underwent sphincter-preserving total mesorectal excision were at risk for autonomic nerve injury.
- (6) We acknowledge that one of the major limitations of our study was the small sample size. Furthermore, the number of patients who were sexually active was also very small. Therefore, we have added the following statement: "These findings, however, should be interpreted with caution because of the small sample size of the study." to the conclusions in the abstract and the discussion, as suggested by the reviewer.

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

Sincerely yours,



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