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Correction to “Laparoscopy-assisted resection of colorectal cancer with situs inversus totalis: A case report and literature review”

Laparoscopy-assisted resection

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Wei Chen, Jing-Lin Liang, Jun-Wen Ye, Yan-Xin Luo, Mei-Jin Huang

Abstract

Correction to "Laparoscopy-assisted resection of colorectal cancer with situs inversus totalis: A case report and literature review" World J Gastrointest Endosc. 2020 Sep 16;12(9):310-316. doi: 10.4253/wjge.v12.i9.310. PMID:32994862; PMCID: PMC7503618. In this article, We have replaced the previous TNM stage of colorectal cancer (T4aN0M0) and the revised TNM stage is provided (T4aN1cM1c).

Key Words: Colorectal cancer, Situs inversus totalis, Hyperthermic intraperitoneal chemotherapy, Case report, Correction

Chen W, Liang JL, Ye JW, Luo YX, Huang MJ. Correction to "Laparoscopy-assisted resection of colorectal cancer with situs inversus totalis: A case report and literature review". *World J Gastrointest Endosc* 2022; In press

Core Tip: This is a correction to "Laparoscopy-assisted resection of colorectal cancer with situs inversus totalis: A case report and literature review" World J Gastrointest Endosc. 2020 Sep 16;12(9):310-316. In this article, the previous TNM stage of colorectal cancer is T4aN0M0, which has been replaced by the revised TNM stage (T4aN1cM1c).

TO THE EDITOR

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Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "Correction to "Laparoscopy-assisted resection of colorectal cancer with situs inversus totalis: A case report and literature review"" (ID: Manuscript NO.: 77875, Correction). Those comments are all valuable and very helpful for our paper.

Reviewer 2 (Comments for the Author (Required)):

Comments: It is not evident what is the reason of the correction two years after the publication. Please explain it. The following questions are not applicable.

Comments: Since the specific number of versions of tumor staging was not indicated in our previous text, the staging of the tumor was different from the latest one. Therefore, we would like to modify the postoperative staging of tumors according to the the latest versions of tumor staging, which should be T4aN1cM1c.

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