

ANSWERING REVIEWERS

May 28, 2013

Dear Editor,



Please find enclosed the revised manuscript in Word format (file name: 3685-revised.doc).

Title: Anus-preserving rectectomy *via* telescopic colorectal mucosal anastomosis for low rectal cancer: Experience from a Chinese cohort

Authors: Shi-Yong Li, Gang Chen, Xue Bai, Fu-Yi Zou, Guang Chen, Jun-Feng Du, Xiao-Jun Wei, Wei Cui

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript No: 3685

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 reviewers:

(1) We have defined the main end-points as follows:

Anastomotic stenosis was confirmed by colonoscopy under direct vision within 1 year after operation. Local recurrence was defined as the first clinical, radiologic and/or pathologic evidence of tumor of the same histologic type within the pelvis 2-3 years after surgery. Distant recurrence was defined as clinical, radiologic, and/or pathologic evidence of systemic disease outside the pelvis, at sites including liver and lungs 5 years after surgery. Death of patients was recognized as the end of follow-up. All the clinical data were collected from the follow-up records at different time-points.

(2) We have retrieved and added more updated references. The cited references in Chinese have abstracts in English, which may help readers get the main information about the subject.

(3) We evaluated the post-operative anal function of the patients using the

Kirwan continence-score through follow-up questionnaire at 6 and 12 months. We did not perform the measurement using other instruments, such as the Wexner's score, due to the factors of study design.

(4) We took the suggestions about the categorical conclusions proposed by the reviewer by using the sentence "In comparison with APR, this modified treatment can improve patient quality of life. TCMA might be one of the standard surgical options in treating low rectal cancer".

(5) We have changed the subtitle "surgical technique" on page 5 into "surgical procedures."

(6) The data for T4 patients who received pre-operative neoadjuvant therapy are described in Table 1.

(7) About postoperative adjuvant radiation and chemotherapy, we added the number of the patients: "Eighty-eight patients with T4 stage and 23 patients with positive circumferential margins after resection were given postoperative pelvis radiotherapy at a total dose of 10-20 Gy before adjuvant chemotherapy".

(8) About "compare and discuss peculiarities of anastomosis formation after inter-sphincter resections with TCMA is not fair". This is one of the weaknesses in a retrospective clinical study, and we will carry out randomized controlled trials (RCTs) in the future studies.

3 References and typesetting were corrected

Thank you again for the comments from the peer reviewers and publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Shi-Yong Li', with a stylized flourish at the end.

Shi-Yong Li, M.D.

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