

Format for ANSWERING REVIEWERS

August 25, 2012



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 9615-review.doc).

Title: Surgical Treatment of Familial Adenomatous Polyposis: Dilemmas and Current Recommendations",

Author: Fábio Guilherme Campos

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 9615

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

1 Revision has been made according to the suggestions of the reviewer

(1) Reviewer

Dear authors! Thank you for this overview on the surgical treatment in FAP. This is certainly a good compendium of current trends. Nevertheless, there are some points that should be addressed more precisely:

- You should specify that it is the surgical treatment of the colonic manifestation your work is about, otherwise you should include data on surgical treatment of all other disease manifestations, e.g. duodenal adenomas, as well.

ANSWER: All the papers regarding FAP refer to the term surgical treatment as the treatment of the disease. As the polyps are the disease itself, they are not a "colonic manifestation of the disease". In a matter of fact, treatment of duodenal adenomas configures a different situation, the treatment of extracolonic manifestations. After thinking a lot, I prefer to maintain the original title, cause I think it describes well what the manuscript is all about.

- Concerning the paragraph on mutations: Patients certainly will not "develop" a mutation, but they do have one!

-ANSWER: CORRECTED

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- You address the problem of high rates of morbidity after RPC quite precisely. If you

are comparing RPC and IRA you should include some data on functional outcome and quality of life. Most FAP patients have not the option for IRA as they suffer from rectal polyps, likewise will many FAP-patients after IRA require secondary RPC. Therefore, functional outcome and QoL are two important parameters besides morbidity and mortality to monitor surgical outcome!

ANSWER: this issue has been already addressed in the following text:

Long-term functional results have been generally better after IRA [35, 36]. In a meta-analysis of 12 selected studies (1002 FAP) comparing functional outcome and quality of life between RPC and IRA [37], bowel frequency, night defecation and use of incontinence pads were significantly less in the IRA group, although fecal urgency was more frequent with IRA compared with IPAA. Reoperation within 30 days was more common after IPAA. There was no significant difference between the procedures in terms of sexual dysfunction, dietary restriction or postoperative complications (bowel obstruction, hemorrhage, intra abdominal sepsis, and anastomotic leak). Rectal cancer was only observed in the IRA group (5%). In addition, abdominal reoperation on the rectum was more frequent after IRA (28%) versus IPAA (3%). The study demonstrated the individual merits and weaknesses of IRA and IPAA. Generally, better functional results are attributed to IRA, although quality of life is comparable [35, 38] .

- There are several miss-spellings throughout the manuscript which should be corrected.

ANSWER: corrected

(2) Reviewer

Minor language polishing

This is a descriptive review of the literature regarding the issues involved in the surgical management of patients with FAP. It is well written and provides a good overview of the topic

(3) Reviewer

Too many spelling mistakes. PCI ? Full form ?

ANSWER: corrected

The article ends abruptly. Should have some concluding points **ANSWER: corrected**

CONCLUDING POINTS

All the data presented here clearly show how complex are the decisions regarding

FAP surgical treatment. In this context, many disease and patient factors must be considered when taking the final choice. As a genetic disease associated with a great risk of CRC, the rationale of performing a prophylactic colectomy is a mainstay of FAP management. Patients should undergo an appropriate clinical evaluation and receive psychological support, since a great part of this population is young and recognize they suffer from a hereditary condition that usually affects other family members and deserves surveillance for life. In this way, the challenge of the working team (surgeon, gastroenterologist, genetic counselors and others) is to take individual decisions through out the disease evolution based on the best available evidences and recommendations.

3 References and typesetting were corrected
ALL REFERENCES WERE RE-CHECKED AND CORRECTED

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

Sincerely yours,
Fábio Guilherme Campos, MD, PhD