

Dear Reviewers,

Reviewer #1

Dear author First, this paper focuses on how to correctly restage tumors for patients with locally advanced rectal cancer who are receiving neoadjuvant therapy. Secondly, the topic selection of this manuscript is great and complements the relevant knowledge content of the clinicians. Finally, the content summarized in this article has great guidance for clinical treatment, which can benefit a proportion of patients with locally advanced rectal cancer who are receiving neoadjuvant therapy. For example, patients with large local side reactions after radiotherapy can continue to receive chemotherapy and then choose surgical treatment. It is expected that after more clinical trials appear, the author can collate the relevant data and get the specific time of tumor restaging for different populations. This article could be accepted and published.

Response:

I agree that different neoadjuvant therapy regimens impose different and specific time points to evaluate the tumour response. In agreement with the panel of experts, I have reported the different options.

Reviewer #2

The authors systematically described the clinical problems of the re-stage of patients with locally advanced rectal cancer after neoadjuvant treatment. The innovation of relevant research is general, and many similar studies have been published. However, the author's description is relatively systematic and comprehensive, which has certain guiding significance for clinical practice. Relevant evaluation methods are also commonly used in clinical examination at present, without introducing laboratory indicators, such as the progress of liquid detection technology such as ctDNA MRD, which can also provide evidence for tumor re-stage after neoadjuvant treatment. What's more, is the neoadjuvant therapy due to long-term or short-term radiotherapy? Whether chemotherapy is combined with immunotherapy at the same time varies. Therefore, it is difficult to unify at present, and can only be studied individually. The readability of the writing is acceptable, and some languages need to be modified. The editorial department is requested to decide whether to hire or reject the manuscript according to the source situation.

Response:

In the paragraph "Future Directions and Research" of the manuscript I mentioned the ctDNA. I agree that this method could in the future play an important role also in the re-staging of rectal cancer after nCRT, however at the moment the data are still immature and I think that it could be part of re-staging tools in the research area and not yet in the clinical practice.

Reviewer #3

Thank you for a great review of the Up to Date data on a very important topic, especially now that TNT is gaining ground.

Response:

Thank you for your comments.

I hope I have adequately answered your concerns and I am happy to answer any further clarifications.