

São Paulo, August 15th, 2022

Letter to Editorial Board of the World Journal of Clinical Oncology

Point-by-Point Answers for the Reviewers

REF.: 78276 - Is it possible to achieve the same oncological approach in urgent surgery for colon cancer?

Dear Editors and Reviewers,

First and foremost, thank you so much for inviting me to write a manuscript for the World Journal of Clinical Oncology, I would like to state that I appreciate the invitation and we prepared the manuscript to fit as a Retrospective Cohort Study according to the journal requirements for this category. Thank you all for completing the examination of our manuscript.

We have prepared a revised version addressing all the issues raised by the reviewers. We have carefully gone through the manuscript to make the appropriate changes in the text (highlighted in yellow). Moreover, all answers for the reviewers are answered below, point-by-point. We hope that our article will be suitable for this prestigious journal.

Sincerely,

Raphael L. C. Araujo
Raphael Araujo

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Thank you for allowing me to review this manuscript.

Although there was no difference between the elective and urgency group concerning the longitudinal margin of resection, the number of resected lymph nodes and the percentage of surgeries with 12 or more resected lymph nodes. All urgent surgeries were opened, does the surgical approach affect the outcome? It is recommended to include long-term survival in the analysis.

Answer: Thank you so much for your time and consideration in reviewing the manuscript, and for your meaningful comments. We believe that this study's results should not be misinterpreted as endorsing surgery in urgency equally adequate in all manners as in an elective procedure. On the contrary, most of the operations in this study were performed as elective procedures during the normal course of the surgical schedule and planned multimodal approaches. Selection bias between groups is undeniable and inherent to both methodology and the hypotheses addressed in the study, and lesser reliable laparoscopic approaches in the Urgency group were expected based on their indissociable indications for urgency procedures (70,2% of bowel obstruction, and 28,8% of bowel perforation), and in older patients, as a surrogate for patients with more comorbidities. Nevertheless, the results suggest that even for patients in these unfavorable scenarios, patients of the Urgency group obtained similar oncological outcomes concerning margin and node status to patients who underwent elective procedures. Laparoscopy was offered in the Elective group, as much as possible, based

on the current evidence in the literature that supports the oncological safety of minimally invasive colorectal surgery[26–28]. Thus, all patients regardless of their surgical approaches were used, in order not to exclude a certain group of patients or surgeons based on their practice. We added some sentences in the discussion approaching these points and we thank you for these remarkable thoughts that help to improve the clarity of the manuscript.

In terms of long-term survival analyses, the study's limitations are those associated with the immeasurable biases seen in all retrospective studies, particularly those addressing oncologic outcomes. We acknowledge that selection bias based on several nonobjective criteria could have contributed to some of the differences between the two study groups. Because detailed data on systemic treatment, radiotherapy, or their toxicity were not reasonably available to analyze, they were not addressed in this study, which is a study limitation. Thus, we kept the 30-day mortality as a more reliable endpoint and more consistent with the aim of this study.

We added some sentences in the discussion approaching these points and we thank you for these remarkable thoughts that help to improve the clarity of the manuscript.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor Revision

Specific Comments to Authors: This is a retrospective study to compare the oncological radicality of urgent surgery for colon cancer in relation to elective cases. In the manuscript, it was observed that the percentage of patients aged 80 and over was

higher in the urgency group, as well as the early mortality. Why protective ileostomy or urgent metal stenting did not be performed in the urgent group? More analysis should be added in the part of the Discussion.

Answer: Thank you so much for this remarkable suggestion, we appreciate it. We previously added a sentence addressing this piece of information in the methods section, among the exclusion criteria. However, as suggested for your attentive review, we also added more comments in the discussion to emphasize this point. Patients who underwent therapeutic interventions before surgical resection, such as colonic prosthesis or derivative surgery, represented a small number of patients and there would be difficult to allocate them between the elective and urgency groups. Thus, they have excluded them from this study population.