Author's response to reviews

Title: Laparoscopy-assisted posterior low anterior resection of rectal cancer

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Author's response to reviews:

July 23, 2014

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RE: MS: 6073791471259896
Laparoscopy-assisted posterior low anterior resection of rectal cancer

Dear Dr. Morawska,

My colleagues and I are re-submitting our manuscript entitled: “Laparoscopy-assisted posterior low anterior resection of rectal cancer”.

We sincerely thank the reviewers for their additional comments and we feel we have addressed their concerns in a point by point manner. The revised text is in blue lettering highlighted in yellow on pages 5 and 6. We are grateful to the reviewers for their additional input as we feel that our manuscript is much improved because of it.

We hope you find our revised manuscript acceptable for publication in your journal.

Yours sincerely,

Yan-Fu Du

MS: 6073791471259896
Laparoscopy-assisted posterior low anterior resection of rectal cancer
Hao Qu, Yan-Fu Du, Min-Zhe Li, Yu-Dong Zhang and Jian Shen
Dear Dr Du,

Your manuscript has now been peer reviewed and the reviewers are satisfied with your revisions. However, before we proceed, please clarify the following editorial questions:

1) Please clarify your study design. Please clarify why you chose these specific 13 patients to do your technique. Did these patients receive it as part of standard care at your hospital or where these patients specifically recruited to test this technique?

AU’s response: We thank the reviewer for his/her comments. We have added the following sentences to the second paragraph of the Materials and Methods subsection ‘Clinical data’:

“These 13 patients were specifically recruited to test the technique of laparoscopic-assisted middle and low rectal cancer surgery. This technique is especially suited for patients who have large body habitus and/or contracted pelvis. In these cases, it is very difficult to separate distal bowel from tumor and complications such as presacral venous bleeding or bowel rupture can occur during the process of bowel separation and exposure, and sometimes the distance from the dentate line to the lower tumor edge does not reach 2 cm. During intraperitoneal surgery, when the separation reaches the pelvic floor, the patients are turned to the inverted ‘V’ or prone clasp-knife position position, and through posterior perineal approach, the distal bowel involved with tumor can be resected under direct visualization to further complete resection and anastomosis, which improves the safety and reliability of the procedure.”

We have also added the following sentence to the third paragraph of the Materials and Methods subsection ‘Clinical data’:

“The reason we selected middle and low rectal cancer patients at the preoperative T1 and T2 stages was that preoperative neoadjuvant chemoradiotherapy could be shelved temporarily in these patients, as the preoperative neoadjuvant chemoradiotherapy might have an effect on the healing of the posterior perineal wound.”

As in all patients undergoing colorectal tumor surgery, we also performed conventional outpatient follow-up reexamination in these 13 patients. At the start of this study, we tried to simplify certain adverse effects of treatment in order to achieve the goal of evaluating the feasibility and efficacy of this technique. Since July 2014, we have started to select some patients who are undergoing preoperative neoadjuvant chemoradiotherapy for surgery involving “laparoscopic-assisted posterior low anterior resection of rectal cancer”, however, the efficacy of this technique in these patients is still under review.

2) We noticed that there is some text written in Chinese on some of the figures (2, 4, 5, 6). Please provide a translations of this text into English. If this text relates to specific patient(s), it should be removed from the figure to safeguard patient’s identity.
AU’s response: The Chinese translation of “9######” in Figs. 2, 4, 5, 6 is “the Ninth Operation Room”, and does not include any information that relates to specific patients.