Reviewer’s report

Title: The strengths and limitations of routine staging before treatment with abdominal CT in colorectal cancer.

Version: 1 Date: 6 July 2011

Reviewer: Michael D’Angelica

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Major Compulsory Revisions

1 – abstract. The comment that ‘less invasive’ procedures in incurable CRC may improve short term outcomes has no real basis and is vague. This should be better stated.

2 – throughout it is difficult to understand the denominator of patients. Was it all patients with CRC referred to the hospital…just to the surgical service? What is the policy of the hospital – who sees what type of patients? It is unclear how the patients were accrued and where they came from. Who sees the patients? Are all patients referred to a surgeon? This should be made absolutely clear as this denominator can have a major impact on the study outcomes

3 – T4 should be explicitly defined since many readers will not know the specific definition

4 – R1 resections were considered ‘incurable’ but there are many series of hepatic resection that show that R1 resection does not necessarily mean ‘incurable’. Consider changing this definition. It is certainly very different from ‘R2’ where gross disease is left behind. Additionally, some resections for extensive metastases – while technically feasible – are not really curable beyond a certain point. Again – reconsider your definitions here.

5 – In defining sites of metastatic disease the authors should specify how these were diagnosed – radiologic, surgical, biopsy, etc.. it is not clear as you read the manuscript what the gold standard was for the diagnosis for metastases and how many had this gold standard.

6 – the findings of advanced CRC in 58% seems high. This should be discussed in context of other published studies on this topic.

7 – discussion/2nd paragraph. The comment that the study did not aim to study the accuracy of CT scans but rather the ability to ‘find’ advanced CRC does not make sense. the ability to find something is inherently linked to its accuracy – they are not separable. Please clarify explicitly what this means.

8 – discussion/3rd paragraph. Comments on intraoperative ultrasound should be minimized as this was not explicitly studied and takes away from the main message of the paper.

9 – the comment that HIPEC for metastatic CRCA is potentially curative is a bit misleading – it is curative for low grade mucinous tumors of the appendix, etc..
but in true colorectal cancer the cure rate is low.

10 – Comments on estimation of T stage and its reliability are misleading. This did not seem to be studied in this analysis.

11 – overall, the discussion has to be focused on the study and needs to be extensively re-written with a clear message undistracted by comments on issues not really analyzed.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that i have no competing interests.