Author's response to reviews

Title: The impact of age on post-operative outcomes of colorectal cancer patients undergoing surgical treatment

Authors:

Tadas Latkauskas (Tadas.Latkauskas@kmuk.lt)
Giedre Rudinskaite (grudinsk@yahoo.com)
Juozas KurtinaitisTamulis (jkurtinaitis@mail.lt)
Rasa Janciauskiene (Rasa.Janciauskiene@kmuk.lt)
Algimantas Tamelis (kp@kmu.lt)
Zilvinas Saladzinskas (kp@kmu.lt)
Dainius Pavalkis (dainius@kmu.lt)

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Author's response to reviews: see over
Reviewer’s report
Colorectal cancer in the elderly
Title:
2 31 August 2005 Version: Date:
Po-Min Chen Reviewer:
Reviewer’s report:
General
In this article the authors would like to identify the differences of pre- and post-operative manifestations between elderly (age > 75 years) and younger colorectal cancer patients. To no surprise that, the preoperative complications including mechanical bowel obstruction, which is a clinical indicator of locally advanced disease, co-morbidity, and postoperative complication rates are higher in elderly patients. Furthermore, overall survival is poorer in elderly patients. There is no major criticism about the study design, statistical methods, discussion as well as conclusions.

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Major Compulsory Revisions and Minor Essential revisions(that the author must respond to before a decision on publication can be reached)
1. The title “The impact of age on post-operative outcomes of colorectal cancer patients undergoing surgical treatment” is rather preferable to “Colorectal cancer in the elderly” for it is more precise. The title of the article has been changed.
2. The authors divided all patients into two groups according to their age. Group 1 consisted of “elderly patients” with a median age of 80 years, while group 2 consisted of “younger patients” with a median age of 57 years. Table 1, 2, as well as Table 3 showed the differences of age, location of the tumors, and TNM classification examined by ?2 test between the two groups. Table 1 to 3 are suggested to be combined into one concise table (Table 1). Tables 1, 2 and 3 have been combined into one.
3. It is advisable that in all Tables, the patients should be classified as Group 1 (age ≥ 75 years; n=154), or Group 2 (age < 75 years; n= 532) for easier reading. We agree with the reviewer and this have been done.
4. In Table 1, the term “sex” is suggested to be replaced by “gender” in order to be more elegant. The term “sex” have been replaced by “gender”.
5. In Table 2, the item “Colon” is preferably to be replaced by “Left colon”, and the item “Right” is suggested to be replaced by “Right colon”. The position of the item “Rectum” has better in parallel with “Colon”. The position of the items “rectum” and “colon” have been changed for easier reading.
6. In Table 3, the authors examined the impact of age on TNM classification of colorectal cancer patients; however, the item G (grading?) is generally not included in TNM classification. It is preferably to omit this item. The item G was excluded from the table.
7. In Table 4, the definition ASA distribution should be clearly defined. The definition ASA distribution have been defined.
8. Similarly, in Table 4 to 6 the authors examined the differences of pre-operative complications, co-morbidity, procedure performed, and post-operative complications
between elderly and younger CRC patients. We highly suggest that Table 4, 5, and 6 to be combined into one table (Table 2).

Tables 4 and 5 have been combined into one, but table 6 was left separately, because it has subgroups.

9. Some inconsistency on typing-style could be found in the “References”, e.g., in Ref. 7 ….. “British Journal of Surgery” should be replaced by “Br J Surg”; In Ref. 12. ….. Gerontology 1993; 39:“222-7” should be replaced by “222-227”? etc. The “references” have been changed according to the reviewers suggestion.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest:
An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
'I declare that I have no competing interests'