Author's response to reviews

Title: Impact of Age on Outcome after Colorectal Cancer Surgery in the Elderly - a developing country perspective

Authors:

Muhammad Rizwan Khan (doctormrkhan@yahoo.com)
Hassaan Bari (hassaan_bari@yahoo.com)
Syed Nabeel Zafar (nabeel.zafar@aku.edu)
Syed Ahsan Raza (s.ahsanraza@gmail.com)

Version: 2 Date: 4 July 2011

Author's response to reviews: see over
Dear Hayley Hewitt

We are submitting the revised version of our manuscript ‘MS: 2434499635265927
Impact of Age on Outcome after Colorectal Cancer Surgery in the Elderly - a developing country perspective’.

We have altered the manuscript in accordance to comments by the reviewers. Please find a point by point response to editorial and reviewer comments below.

Thank you very much

Sincerely

Dr Muhammad Rizwan Khan.

Essential Editorial Requests:

Can you please provide proof that ethical approval wasn’t required for this study, and can you clarify that the questionnaires weren’t used on the patients?

Thank you, The general guidelines for ethical review committee has been cited in the paper and the fact that the questionnaires were not used on actual patients has been clarified.

Copyedit
- Please get your manuscript copy edited. Perhaps a colleague, preferably a native English speaker, could look it over for you. Alternatively, we can supply the contact details of a professional copy editing service.

The manuscript has been copyedited

Reviewer's report
Title: Impact of Age on Outcome after Colorectal Cancer Surgery in the Elderly - a developing country perspective
Version: 1 Date: 13 May 2011
Reviewer: Corrado Pedrazzani
Reviewer's report:
Prof. Khan and coworkers,
analyzed the impact of age in Pakistani population with CRC. The study is well designed and written, report of results is clear and discussion as well as conclusions are consistent with literature and data presented.

Thank you very much for your review and helpful comments

Regarding methods, differences in surgical approach between the two groups should be better specified (i.e. extent of resection, colostomy formation, laparoscopy, etc.).

This has been added to the results section and the figures in table 2 have been updated

“The most commonly performed surgeries were right hemicolecotony (26%), abdominopereinal resection (21%), sigmoid colectomy (6%) and low anterior resections (12%). Only 5 laparoscopic procedures were performed (Group I: 4 (2%), Group II: 1 (2%), p=0.88)”

Regarding discussion, a better specification of the type of patients treated at this private clinic should be given. The number of patients is not very high in relation to the long period of study (about 25-30 patients per year), furthermore the percentage of "elderly" patients is also quite low (about 20%). Should the authors make a comment on that?

Thank you for your comment. The following sentences have been added to the end of the discussion

“The number of about 25-30 patients may seem less in comparison to Western studies, however health seeking behavior in our population differs. There is no screening program for CRC thus many such patients are never diagnosed nor treated appropriately. In addition AKUH is a private institution where patients pay out of their pocket to receive treatment which may account for the fewer patients. The number of patients in the elderly group is low at 57, this is not surprising as life expectancy in Pakistan is low at 66 years and not many elderly patients seek surgical treatment”

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: No conflict of interest
Reviewer's report
Title: Impact of Age on Outcome after Colorectal Cancer Surgery in the Elderly - a developing country perspective
Version: 1 Date: 9 May 2011
Reviewer: Christian Hamel
Reviewer's report:
1. Is the question posed by the authors well defined? aim defined clearly
2. Are the methods appropriate and well described? yes
3. Are the data sound? yes
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? yes
5. Are the discussion and conclusions well balanced and adequately supported by the data? yes
6. Are limitations of the work clearly stated? yes
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished. yes
8. Do the title and abstract accurately convey what has been found? yes
9. Is the writing acceptable? yes
Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published
Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests: 'I declare that I have no competing interests'

Thank you very much for your review

Reviewer's report
Title: Impact of Age on Outcome after Colorectal Cancer Surgery in the Elderly - a developing country perspective
Version: 1 Date: 19 May 2011
Reviewer: Walter Brunner
Reviewer's report:
Even if several publications already show that increasing age itself is not
independently associated with a higher complication rate in colorectal surgery. This is a good retrospective review looking on this topic in a single center in a developing country. Nevertheless, there is a chance on more information out of this review.

Thank you very much for your review and your helpful comments

Major Compulsory Revisions
The number of surgeons and if there is any difference in experience of the surgeons of those two groups in colorectal surgery should not remain unknown to exclude the bias of more experienced surgeons in operations of the elderly patients.

Thank you. This has been added in the first paragraph of the results section

“An overall 16 surgeons performed surgeries over the 10 year study period. All of these were experienced consultants and we found no difference in the proportion of surgeries performed by surgeons in each group (p=0.4)”

The preoperative complications in both groups are over 80%. Not mentioned are the kind of complications beside bowel obstruction with 18 % resp. 12% and Table 2 "Perforation". Since anastomotic leakage and abdominal sepsis are the most severe postoperative complications often requiring reoperation or intervention this should be mentioned detailed for both groups and divided in colon and rectum. The need for reoperation or intervention after surgery is not mentioned yet.

Thank you very much for your comment. Indeed more detailed data about patient complications following colorectal cancer surgery and how we manage this is important to know. However the aim of this paper is to simply determine if age alone is associated with increased complications or not. Detailed information regarding complications is beyond the focus of this manuscript. We have already published results of our rates of complications and how these were managed.


This is also now cited in the text to make it clear for the reader

Minor Essential Revisions
In the discussion a secondary exercise with different cut offs of age at 60, 65 and 75 years is mentioned whereas only two further cut offs of 60 and 65 years are noted in the methods and the results.

Thank you very much for pointing this out – This correction has been made. The age 75 had been erroneously added to the discussion part.

Level of interest: An article of limited interest
Quality of written English: Acceptable
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