Author's response to reviews

Title: A multidisciplinary clinical treatment of locally advanced rectal cancer complicated by rectovesical fistula: a case report.

Authors:

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Author's response to reviews: see over
1. Reviewer: Jennifer Blumetti

Comments to authors:
There are a few details of information which should be expanded upon.
1. Who comprised the multidisciplinary team?
   Answer
   The multidisciplinary team is composed of surgeons, physicians, Imaging scientist, pathologist and radiologist. We added this description into the manuscript.

2. The standard treatment of patients with locally invasive rectal cancer is typically neoadjuvant chemoradiation. Can the authors compare/contrast their standard treatment to the treatment of the patient in the case?
   Answer
   The standard preoperative treatment for locally invasive rectal cancer in our hospital included fractional radiation with cumulative 50.4 Gy combined with oral administration of capecitabine. In addition to standard preoperative treatment, we also given 4 weeks of oxaliplatin in order to enhance tumor killing and increase the sensitivity of radiation therapy. This may help to control distant metastasis caused by long term preoperative treatment. We also added the above into the discussion section.

Quality of written English: Needs some language corrections before being published
   Answer:
   We modified the manuscript and corrected some language errors.

2. Reviewer: Giuseppe g. pappalardo

Comments to authors:
A post neoadjuvant therapy reassessment including a cystoscopy could have excluded residual tumor in the bladder, as showed by pathologic analysis, so avoiding PTE and limiting surgical procedure to a Miles. In this case, after postoperative chemotherapy, a strict urologic follow-up could have shown eventual vesical relapse and a secondary total cystectomy could be performed with the same guarantee of definitive radicality.
   Answer
   The reviewer gave a reasonable therapeutical option. However, we believe that pathological analysis is more accurate than cystoscopy for the diagnosis of residual tumor in the bladder. Considering the multiple enlarged lympho nodes and the patients general condition for the tolerance of operation, we performed the TPE. We also added this into discussion.

Quality of written English: Needs some language corrections before being published.
   Answer:
   We modified the manuscript and corrected some language errors.
In addition to the reviewers' comments, please also address the following formatting changes required for your paper:

1. Please replace the term “man” with “male”
   Answer: We corrected it accordingly.

2. Please change the patient's ethnicity from “race: yellow/ Chinese to Caucasian”
   Answer: We changed the race of Chinese to Asian.  (Caucasian may be a miswritten word by the reviewer)

3. Please remove the patient's age, sex and ethnicity from the Introduction to the Case presentation section.
   Answer: We moved this part to the case presentation section.