Author’s response to reviews

Title: Pre-diagnostic body mass index and weight change in relation to colorectal cancer survival among incident cases from a population-based cohort study

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Author’s response to reviews:

Dear Editor,

Thank you very much for giving us the opportunity to submit a revised version of “Pre-diagnostic body mass index and weight change in relation to colorectal cancer survival among incident cases from a population-based cohort study” (BCAN-D-16-00100). We have revised the manuscript according to the reviewer’s comments, as described point-by-point below. The manuscript has been marked with the changes we have made.

We hope you will find the revised manuscript suitable for publication in BMC Cancer

Sincerely yours,

Ida Laake

Editorial requests:

Please include a Declarations heading just after your Conclusions section, as detailed in our recently updated submission guidelines (https://bmccancer.biomedcentral.com/submission-guidelines/preparing-your-manuscript/research-article)
RESPONSE: We have included a Declaration heading after the conclusion (page 16). The declarations include a statement regarding consent and ethics approval of our study. This information has furthermore been removed from the manuscript (lines 42–43).

Reviewer #1: This paper is a resubmission of a paper which I previously reviewed and which the editors subsequently rejected but with the possibility of resubmission. As I noted in my previous review, this is a very well conducted study: the research question is clear and well contextualised; the methods are described concisely; the statistical methods are appropriate; the data is of high quality, being prospectively collected and reasonably large; and the results are clearly presented. My main concerns about the previous version of the paper were related to its interpretation of the results, and the authors have now addressed these concerns (and the other issues that I raised) to my satisfaction. I have a few suggestions for the current version of the paper but these are all relatively minor. Therefore I recommend this paper for publication.

Major Compulsory Revisions
None.

Minor Essential Revisions
None.

Discretionary Revisions

1. Replace “died of CRC” with “died from CRC” throughout the manuscript.
RESPONSE: We have changed the three instances of “died of CRC” to “died from CRC” (abstract, line 134, and line 162).

2. Lines 102-3: remove the hyphen in “death from all-causes”.
RESPONSE: We have removed the hyphen (line 97).

3. Line 150: replace “CRC death” with “CRC-related death” or something similar.
RESPONSE: We have replaced all instances of “CRC death” with “CRC-related” death. We have also changed CRC mortality to CRC-specific mortality throughout the manuscript.

4. Abbreviate the results sections for both BMI and weight change by presenting all results for men before those for women (or the other way around). Currently, phrases like “for X cancer, no significant associations were observed in men” are repeated almost verbatim with X ranging over “colorectal”, “colon”, “rectal”, “distal colon” and “proximal colon”. All of these sentences could be replaced by a single sentence listing the colorectal cancer subsites for which no association has been observed. This would make the results much less repetitive and would provide the reader with a concise and useful guide to the tables.

RESPONSE: We have rewritten the result section, and have now presented all results for men before the results for women (lines 142–152, 170–187). We have also changed the order of the results presented in tables 2 and 4 and the Supplementary tables accordingly.

5. Greatly abbreviate the first two paragraphs of the discussion. These simply repeat the results in a lot of detail, with all commentary on these results left to later paragraphs.

RESPONSE: The two first paragraphs of the discussion have been shortened and combined (lines 196–211).

6. Lines 255-7: These two sentences appear to be contradictory, so reword them to make it clear that you are highlighting inconsistencies in the existing literature, if this is your intention.

RESPONSE: We have added a sentence to clarify that we are discussing results from previous studies (lines 224–226).

7. Lines 346-9: You seem to be implying that year of diagnosis could confound your associations (via treatment), but your results were adjusted for year of diagnosis so this shouldn't be the case. So I suggest you remove all references to year of diagnosis and, instead, simply and clearly acknowledge that treatment is an important potential confounder which you could not control.

RESPONSE: As suggested by the reviewer, we have removed the statements relating to year of diagnosis and have acknowledged that treatment is a possible confounder (lines 296–299).