Author’s response to reviews

Title: Long-Term Outcomes After Surgical Dissection of Inguinal Lymph Node Metastasis from Rectal or Anal Canal Adenocarcinoma

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Author’s response to reviews:

July 14, 2019
Professor William Spenceley Jones
Professor Stephen Madamba
Assistant Editor, BMC Cancer

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Long-Term Outcomes After Surgical Dissection of Inguinal Lymph Node Metastasis from Rectal or Anal Canal Adenocarcinoma

Please find enclosed our revised manuscript entitled, “Long-Term Outcomes After Surgical Dissection of Inguinal Lymph Node Metastasis from Rectal or Anal Canal Adenocarcinoma,” which we are submitting again for publication in BMC Cancer.

We believe our manuscript has been improved substantially. Our point-by-point responses to the Editor and Reviewer’s comments are provided below.

We look forward to hearing from you at your earliest convenience.

Sincerely yours,
Response to the Editor comments
1. Please remove the “Conflicts of interest and Source of funding” section from the Declarations, as this information is already included in the “Competing interests” and “Funding” sections. Thank you for your advice. We removed this section.

2. At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colors. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files. Thank you. According to your suggestion, this time we uploaded our manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colors.

Response to the Reviewer’s comments

Seth Felder (Reviewer 1):

Manuscript is valuable contribution to field. Revisions to reviewers comments have been addressed and acceptable. Thank YOU!

Reviewer 2 (Reviewer 2):

OBJECTIVE - Full research articles: is there a clear objective that addresses one or several testable research questions? (Brief or other article types: is there a clear objective?) Yes - there is a clear objective

DESIGN - Is the current approach (including controls and analysis protocols) appropriate for the objective? 
Yes - the approach is appropriate

EXECUTION - Are the experiments and analyses performed with sufficient technical rigor to allow confidence in the results? 
Yes - experiments and analyses were performed appropriately

STATISTICS - Is the use of statistics in the manuscript appropriate? 
Yes - appropriate statistical analyses have been used in the study
INTERPRETATION - Is the current interpretation/discussion of the results reasonable and not overstated?  
Yes - the author's interpretation is reasonable

OVERALL MANUSCRIPT POTENTIAL - Has the author addressed your concerns sufficiently for you to now recommend the work as a technically sound contribution? If not, can further revisions be made to make the work technically sound?  
Yes - current version is technically sound

PEER REVIEWER COMMENTS:
GENERAL COMMENTS: * Have the authors responded adequately to each of the questions or concerns you raised in your comments?  
Yes  
Thank YOU!

ADDITIONAL REQUESTS/SUGGESTIONS:
Some language and grammar editing is still needed. Authors write "continuous variables are presented by the median with interquartile 1 range (IQR)." but don't seem to report any IQR....remove this unnecessary line....you can write median and range....if that is what you want. Are there lot of missing values in the upper 95% CI bound of median OS....or am I not able to see those values due to formatting?  

Thank you very much for your comments.  
According to your suggestion, we had the revised manuscript carefully reviewed by an experienced native English editor who specializes in editing papers written by scientists whose native language is not English.

As you mentioned, we did not show any IQR in the manuscript. So, we removed this unnecessary line (page 9, line 17 - 18).  
Regarding Table 2 in the previous manuscript, there were lots of missing values in the upper 95% CI. This is because the prognosis of patients in this study was not so bad (5-y OS: 55.2%, MST: 66.6 months). Thus, the upper 95% CIs were not applicable (NA) in many categories (in various variables). So, showing the results as MST with interquartile 1 range seems not an appropriate way. In this revised manuscript, we just showed MST (Table 2).