Reviewer’s report

Title: Standard (8 weeks) vs long (12 weeks) Timing to Minimally-Invasive Surgery after NeoAdjuvant Chemoradiotherapy for Rectal cancer: a multicenter randomized controlled parallel group trial (TiMiSNAR). Protocol paper.

Version: 0 Date: 14 Apr 2019

Reviewer: George Chang

Reviewer's report:

The investigators report the protocol for a randomized clinical trial to compare 8 vs 12 weeks delay to surgery following chemoradiation for rectal cancer with the primary outcome of pathologic complete response. It is admirable that the investigators are committed to self-funding this study, although they seem to have a rather ambitious endpoint.

1) MRI treatment response is a major endpoint. How will the investigators ensure reliability of the assessments? There is no description of central review.

2) Why is IMRT required? The need for IMRT for rectal cancer has not been demonstrated. Please explain this decision.

3) Please explain rationale for encouraging ICG. Again, no proven benefit. Seems it does not contribute to the research question.

4) Please describe the futility rules in more detail—perhaps a table may be helpful here.

5) The authors indicate block randomization but provide limited detail about the blocks nor how they will balance between TaTME and traditional robotic/laparoscopic, apr vs LAR, etc—particularly in light of the secondary endpoints.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Unable to assess
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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