Author’s response to reviews

Title: Rectal aberrant crypt foci (ACF) as a predictor of benign and malignant neoplastic lesions in the large intestine

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Author’s response to reviews:

I. Answers for Tsuyoshi Konishi (reviewer 1)

Thank you very much for reviews of the article and very precious comments, particularly those concerning elaboration of the statistical data. According to you suggestions, irregularities have been corrected.

1. Figures 1, 2, 5 have been completely changed with statistical analyzes.

2. In Figure 3, the authors described "When the size of the adenoma is bigger than 10 mm, the likelihood of having more rectal ACFs increases, which is particularly evident with ACF numbers>10" ... ....
The statement has been corrected

3. In Figure 1 (and 5), the authors described "rectal, sigmoid, transverse and right colon", but in general the right colon includes ascending and transverse colon. Were there no descending colon polyps? Of course, the omitted entry (descending colon) has been introduced
4. Figure 4 has been corrected after statistical analysis

5. Chart 4 has been changed

6. Reference numbers 14 and 29 have been changed

7. An incomplete year has been corrected in the literature item 5.

8. Figure 1 and legend have been changed
9. The incorrect denomination "p" and "%" have been corrected

II. Answers for Ian Tomlinson (reviever 2)

Thank you very much for the review of the article and very precious comments, particularly those concerning elaboration of the statistical data. According to you suggestions, irregularities have been corrected.

1. In all cases the same colon area was examined (in terms of the ACF, a section of the rectum was examined from the toothed line to the central Houston valve and the entire large intestine was examined for the presence of polyps and CRC)

2. The results were introduced in a completely new form

3. Statistical analysis has been changed in all charts

4. The assumption of the work ACF numerical ranges were specified as &lt;5, 5-10,&gt; 10, because the test technique used (no dynamic test recording) did not guarantee the exact calculation of all ACF rectals in individual subjects.
   In the development of this study, statistical calculations were performed in which ACF numbers were used as the average of ACF numerical intervals. We currently have the option of dynamic recording of the entire study and are planning to develop a similar study in the future according to your suggestions.

5. In the attachment there are photos of individual ACF types from the study group

6. Some parts of the discussion were completely removed and the order and number of citations changed.

7. Figures and charts in the article were changed
Answers for Reviewer 2 (Reviewer 3): EVALUATIONS OF THE PEER BROWSER:

1. PURPOSE – was not changed

2. CONSTRUCTION - statistical analysis protocols were changed to suit the purpose of the work.

3. Implementation - the form of presentation of results and statistical analysis were changed

4. Statistics – was changed as suggested

5. Interpretation of results / discussion – was changed as recommended

1. In the title of the manuscript the full name aberrant crypt foci (ACF) was used - as recommended

2. The results were presented in the form of a table - as suggested

3. Results were presented in a different - changed form - as recommended

4. As suggested, the impact of age and dietary factors on ACF was analyzed in our study and presented as a part of our other work.

5. Data analysis was performed using chi 2 test according to recommendations.