Author’s response to reviews

Title: Laparoscopic vs open colorectal cancer surgery in elderly patients: short- and long-term outcomes and predictors for overall and disease-free survival

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Author’s response to reviews:

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Dear editor,

Thank you for the prompt and careful review of our manuscript, which is titled “Laparoscopic vs open colorectal cancer surgery in elderly patients: short- and long-term outcomes and predictors for overall and disease-free survival” (manuscript ID: BSUR-D-19-00329R3). Per your instructions, we have revised the manuscript according to the editorial and reviewers’ comments and resubmit the revised version for your evaluation.

Firstly, our responses to the comments are detailed as follows, and the changes made in the text are indicated in each of the response.
Reviewer#4

(1) In general English should be improved throughout the manuscript

Response: First of all, thank you very much for your careful and detailed review of my manuscript. The manuscript has been polished by AJE and a certificate of linguistic polishing has been provided. If the language still cannot meet the publishing requirements, please inform me in time. I am willing to polish and modify the language immediately. Thanks again.

(2) Currently, the aim of the paper as described in the introduction is comparing laparoscopy/open procedures because other trials are known for small sample size and lack of long-term outcome measures. However, the reason for this study in my opinion should be the lack of elderly in those previous studies.

Response: Thank you for your advice. We have revised the content of the article according to your suggestion, please check.

(3) Sarcopenia/frailty is an important predictive/prognostic measure particularly in older patients. Could the authors add such as a measure to the study? This may be particularly important as BMI and albumin significantly differ between groups and these measures are highly correlated with sarcopenia/frailty.

Response: Thank you very much for your advice. I think your suggestion is very reasonable. Again, we looked at the medical records, and unfortunately, based on the nature of retrospective study, patients know very little about sarcopenia, lack of a unified diagnostic criteria, so it's very difficult to make statistics. Thanks again for your comments.

(4) I recommend to classify postoperative complications, for example using the Clavien Dindo classification, and compare the incidence of overall complications and severe complications.

Response: Thank you very much for your comments. According to your suggestion, we classified the postoperative complications according to the Clavien Dindo classification. It has been listed in the paper and the table. Please check it. Thanks again!

(5) Was survival status checked in, for example, municipal registrations?
Response: Thank you very much for your question. We follow the survival status of all patients by telephone, outpatient visits and email. Information on all patients who have died is available at the municipal registrations.

(6) Is it really necessary to perform a RCT to answer the current research question?
Response: Sorry, this is our mistake, we have made the modification.

Secondly, we thank all reviewers again for their positive and constructive comments and suggestions. We hope that these revisions have improved the manuscript and will make it acceptable for publication in BMC surgery. If there are any questions, please let us know as soon as possible.

Thank you for your consideration and we are looking forward to your reply.

Sincerely,

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