Author’s response to reviews

Title: What is the advantage of rectal amputation with an initial perineal approach for primary anorectal carcinoma?

Authors:

Kimihiko Funahashi (kingkong@med.toho-u.ac.jp)
Mayu Goto (mayu.gotou@med.toho-u.ac.jp)
Tomoaki Kaneko (tomoaki.kaneko@med.toho-u.ac.jp)
Mitsunori Ushigome (ushisan@med.toho-u.ac.jp)
Satoru Kagami (satoru.kagami@med.toho-u.ac.jp)
Takamaru Koda (tkmrkd@gmail.com)
Yasuo Nagashima (yasuo.nagashima@med.toho-u.ac.jp)
Kimihiko Yoshida (kimihiko.yoshida@med.toho-u.ac.jp)
Yasuyuki Miura (y-miura@med.toho-u.ac.jp)

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December 6, 2019

Dear BMC surgery Editor, Dr. Giovanni Conzo

Subject: Submission of revised paper BSUR-D-19-00530

Thank you for the reviewers’ comments. We have carefully reviewed the comments and have revised the manuscript accordingly. Our responses are given in a point-by-point manner below. Changes to the manuscript are shown in underline.

We hope the revised version is now suitable for publication and look forward to hearing from you in due course.
Sincerely,

Kimihiko Funahashi
Professor
Division of General and Gastroenterological Surgery Department of Surgery, Toho University Faculty of Medicine Vice Director, Toho University Omori Medical Center

Response to Reviewer 1

Thank you for your review of our paper. We have answered each of your points below.

1. The Authors proposed an interesting review about a debated topic: the laparoscopic or transanal approach for anorectal malignancies. The Authors showed interesting results. I think that a novel technique such as TATME popularized by Lacy could have a wide space in the discussion. Moreover did you perform any analysis of population to reach these results?

Response: We have added contents about a novel technique for laparoscopic rectal carcinoma surgery with some references in the discussion (p9, line2-19).

In this study we found three advantages to the initial perineal approach in RA for the selected primary anorectal malignancies. As you have mentioned, we should have evaluated results of patients who underwent laparoscopic surgery but laparotomy. Actually, laparoscopic RA was performed for 12 patients in the perineal group and for 4 patients in the conventional group, respectively. The sample number of patients who underwent laparoscopic RA was very small. We considered that this was one of some limitations in this study.

Response to Reviewer 2

Thank you for your review of our paper. We have answered each of your points below.
1. Good comparison between the two approach, the perineal and abdominal approaches and good news for the perineal approach which I thought it has more difficulty and complication.

Response: As you have mentioned, surgeons should recognize a new anatomical landmarks to achieve the initial perineal approach in RA safely. Regarding complications, postoperative complications occurred in 31 patients (44.9%) in this study. Although we expected that we had more complications in the perineal approach group than the abdominal approach group, postoperative complications excluding PWC between the two groups were similar. Also, neurogenic bladder occurred frequently in both groups (22.9% vs. 28.6%, Table 3), and there was no significant difference between the two groups (p = 0.927). Urinary complications did not increase by an initial perineal approach in RA (p11, line 5-7).

2. Need to put patient follow chart

Response: We added the patients follow chart in figure 1.

3. Need if you can mention abdominal approach cases . how many cases went laparascopic or open laporatomy? They are 21 cases

Response: In this study RA was performed laparoscopically for 12 patients in the perineal group and for 4 patients in the conventional group, respectively. We have added the contents in p7, line 12 - 13 and p10, line 6 - 7.

4. Can you mention complications of abdominal approach?

Response: Postoperative surgical complications excluding PWC rated as grade 2 and higher than grade 2 according to the Clavien-Dindo classification occurred in 20 (41.7%) patients in the perineal group and 9 (42.9%) patients in the conventional group. Neurogenic bladder occurred frequently in both groups (22.9% vs. 28.6%, Table 3), and there was no significant difference between the two groups (p = 0.927). The rate of postoperative complications excluding PWC was similar between the two groups. Urinary complications did not increase by an initial perineal approach in RA.

We have added the following phrases in p11, line 5-7.