Author’s response to reviews

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

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Version: 2 Date: 16 Jan 2020

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Assistant Editor Comments

1. Consent to participate

In your "ethics approval and consent to participate" section of your declarations, please clarify whether the consent obtained was written or verbal. If verbal, please state the reason and whether the ethics committee approved this procedure.

Response:

The ethical committee of Toho University Omori Medical Center gave approval for this study. All participants provided written informed consent for their information to be stored in the hospital database and used for study.
2. Availability of Data and Materials

The Availability of data and materials section refers to the raw data used in your study. Please revise your current Availability of Data and Materials statement to reflect one of the formats indicated in our submission.

Response: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

3. Authors’ Contributions

We have noted that multiple authors are missing in the listed authors' contributions. The individual contributions of ALL authors to the manuscript should be specified in the Authors’ Contributions section. Guidance and criteria for authorship can be found here: http://www.biomedcentral.com/submissions/editorial-policies#authorship

Please use initials to refer to each author's contribution in this section, for example: "FC analyzed and interpreted the patient data regarding the hematological disease and the transplant. RH performed the histological examination of the kidney, and was a major contributor in writing the manuscript. All authors read and approved the final manuscript."

Response: Study planning was performed by KF. TK, MU, SK, TK, YN, KY and YM participated in data collection. MG analyzed the data. KF drafted the manuscript. All authors read and approved the final manuscript.

4. Competing Interests

Please clearly state if all authors declare that they have no competing interests.

Response: The authors declare that they have no competing interests.

We confirm that we have read the journal’s position on issues involved in ethical publication and affirm that this reports is consistent with those guidelines.
5. Overlap

We note that the current submission contains some textual overlap with other previously published works, in particular:


This overlap mainly exists in the Discussion, page 9, lines 2-11

And in the Postoperative follow-up in the methods, page 6, lines 1-5

While we understand that this is work that you have previously published, and some of the same ideas are contained in these publications, please be aware that we cannot condone the use of text from previously published work.

Please be informed that we cannot proceed with handling your manuscript before this issue is resolved, and the sections of text in question have been reformulated. If there is overlap in the Methods section, please ensure that you summarize the methods and cite the source.

Response: we corrected what was pointed out by the assistant Editor.

λ. In the Discussion, page 9, lines 2-11

We checked patients after surgery as follows: blood tests including carcinoembryonic antigen (CEA) and carbohydrate antigen (CA 19-9) were performed every 3 months. Also, computed tomography (CT) or/and abdominal ultrasonography were performed every 3 months in the first 3 years and every 6 months thereafter to evaluate cancer recurrence. Local recurrence was defined as any recurrence that was diagnosed or suspected in the pelvis, either alone or other metastases.

λ. in the Postoperative follow-up in the methods, page 6, lines 1-5
In rectal surgery, TME and negative circumferential resection margins are prerequisites for minimizing local recurrence after surgery [7-10]. Although laparoscopic surgery for rectal cancer has benefits compared with open surgery, laparoscopic surgery is still challenging in male sex, high body mass index, visceral obesity, a narrow pelvis, bulky tumor and an advanced T-stage [11, 12]. Actually, randomized controlled trials including the ALaCart [1] and ACOSOG Z6051 [2] trial failed to show the noninferiority of laparoscopic surgery compared with open surgery for oncologic outcomes. Recently, a new approach, the transanal mesorectal excision (TaTME) has been attracting attention as a promising technique for rectal cancer patients for whom laparoscopic TME may not be achieved completely [13-15].

6. Remove files

Please remove any files from your file inventory that you do not wish to be published alongside your manuscript.

Response: We removed files from the files inventory.

7. Clean manuscript

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 colours. All relevant tables/figures/additional files should also be clean versions. Additional files should remain uploaded as separate files. Please ensure that all figures, tables and additional/supplementary files are cited within the text.

Response: We cleaned manuscript.

Reviewer reports:

Claudio Gambardella, MD (Reviewer 1): The Authors presented an interesting paper about the advantage of rectal amputation with an initial perineal approach for primary anorectal carcinoma.
It is an interesting topic about anot so common disease. The Article demonstrate a remarkkable colorectal surgery experience.

In order to better clarify the advantages of rectal amputation against resection with the risk of recurrence, I suggest to consider the following paper "Conzo G, Mauriello C, Gambardella C, Cavallo F, Tartaglia E, Napolitano S,


Response: we added the contents as follows in page 9, line 13: However, there could be risk of local recurrence in super low anterior resection and ISR for low-lying advanced tumors near the anus. Using of titanium and braided sutures in anastomosis near the anus could provide a substrate for exfoliated malignant cells [17].

Also, we cited the following paper "Conzo G, Mauriello C, Gambardella C, Cavallo F, Tartaglia E, Napolitano S, Santini L. Isolated repeated anastomotic recurrence after sigmoidectomy. World J Gastroenterol. 2014 Nov 21;20(43):16343-8 as a reference of 17."