

## **SPECIFIC COMMENTS TO AUTHORS**

In this paper the authors evaluated the rate and severity of post-radiotherapy complications in patients with rectal adenocarcinoma. The paper is valuable but evaluation of leakage and wounds is not enough. At the moment, the scientific level of paper is not high. However, there are some aspects that can be added, to increase the scientific value. It would be useful to compare the rate and severity of complications with the histological regression score and presence or absence of the controversial acellular mucin pools, that are positive or negative for CEA (no data are published yet in literature presenting these correlations). For references, regarding the evaluation of mucin pools, see papers such J Surg Oncol. 2018;118(7):1129-1134. doi: 10.1002/jso.25247 and Cancer Biother Radiopharm. 2014;29(7):295-7. doi: 10.1089/cbr.2014.1640

### **Answering reviewers 1 (Reviewer's code: 00722213):**

It is my honor to receive the comment from the reviewer, and I agree with his suggestions.

The preoperative radiochemotherapy for rectal cancer is being debated for decades, including indications, methods, TRG, and so on.

The aim of our study is to investigate surgical complications caused by different preoperative therapy. No matter what therapy we conduct, no matter what results of the therapy, surgical complications must be acceptable. Surgical complications may be affected by several factors, but we focus on preoperative treatment in the retrospective study. From 2008-2010, which is the recruit period, we had not begun to detect regression rate and mucin pool routinely in my hospital. So we do not collect these data in the study. However, we have been convinced of the fault. I believe we will find out the association of them in the future. For this limit, we have discussed it in the discussion.

The two references regarding the evaluation of mucin pools have been also

discussed.

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"Surgical complications after different therapeutic approaches for locally advanced rectal cancer" is an interesting and well written paper about surgical complications related to preoperative-or not- RT schemes. I think the paper- although it is yet enough good for publication, it would increase its interest and quality including two points (or adding another paper): Since the sample is from 2008-2010 and it includes more than 1000 p., it would be interesting some data about the outcome of the different groups, at least the local control (3-5y),. Another point of interest would be the study of some incontinence test like Wexner... and also the quality of life in pts with non-APR patients. It would be interesting to complete this article with others in the next future.

#### **Answering reviewers 2 (Reviewer's code: 03390217):**

I think the reviewer's comment is very useful.

Since the sample include more 1000 patients, we can compare the local control, survivals and quality of life among different groups. However, in this study, our purpose is to investigate perioperative complications. I think we can do some additional researches in the future.

For this limit, we have discussed it in the discussion.