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REVIEWER'S REPORT

Manuscript No.: IJAR-52677 Date: 07/07/2025

Title: Factors Predict Complete Histological Response Following Neoadjuvant Radiochemotherapy for Rectal Cancer

Recommendation:	Rating _	Excel.	Good	Fair	Poor
✓ Accept as it is	Originality		✓		
Accept after minor revision	Techn. Quality		✓		
	Clarity		√		
	Significance		<		

Reviewer Name: Dr. S. K. Nath

Date: 08/07/2025

Reviewer's Comment for Publication:

The study confirms that tumor location, size, differentiation, and clinical T stage are significant predictors of achieving pCR after neoadjuvant RCT in rectal cancer patients. These findings can assist clinicians in identifying patients with higher likelihoods of favorable responses and potentially guide personalized treatment plans. Additionally, the study emphasizes the importance of precise disease staging and multidisciplinary collaboration to optimize outcomes.

Reviewer's Comment / Report

Strengths

- Large sample size: Inclusion of 430 patients improves the statistical power.
- Clear focus on predictive factors: Identifies specific clinical and pathological markers associated with pCR.
- Use of standardized assessment tools: Tumor regression grading and detailed staging methods increase reliability.
- Relevance to clinical practice: Findings can help tailor treatment strategies based on tumor characteristics.
- Comprehensive data collection: Incorporation of clinical, radiological, and pathological data enhances the robustness of conclusions.

Weaknesses

- Retrospective design: As a retrospective analysis, it is subject to selection bias and potential data inaccuracies.
- **Single-center study:** Results may not be generalizable to broader populations or different healthcare settings.
- Limited molecular data: Absence of molecular markers, which could provide additional predictive insights.
- Lack of long-term follow-up: The study emphasizes pathological response but does not detail survival outcomes or recurrence rates.
- **Potential confounding variables:** Factors like variations in treatment protocols, surgical techniques, or patient comorbidities are not extensively discussed.