Reply to Letter to Editor

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Dear Editor,

We would like to thank you for the opportunity to respond to the issue raised in Prof. Dr. Kamer's letter and to clarify the classification of right- and left-sided colon with regard to this concern [1]. We would also like to thank Prof. Dr. Kamer for the interest in our article "Comparison of Resected Malignant Tumors of the Right- and Left-Sided Colon- Is There a Difference?" and for taking the time to express his concerns [2].

In his letter to the Editor, Prof. Dr. Kamer raised that the reason why we did not find difference in survival between right-sided colon cancer (RCC) and left-sided colon cancer (LCC) was due to the inaccuracy of side classification. Rectosigmoid, sigmoid tumors (above the rectosigmoid junction, not included rectal cancers), descending colon, and splenic flexure tumors were considered LCC, whereas transverse colon, hepatic flexure, ascending colon, and cecal tumors were considered RCC. This classification is based on the embryological and anatomical origin. The proximal colon arises from the midgut and receives its major blood supply through the superior mesenteric artery, and the distal colon arises from the hindgut and is supplied by the inferior mesenteric artery. We agree that we have not detailed why the distal third of the transverse colon was not specified separately. In Eastern Europe, Hungary has the highest incidence of colon cancer in both women and men [3]. Advanced, large-scaled tumors are often found in this region. In our study, there were only 9 patients who have sizeable splenic flexure tumor involving the distal third of the transverse colon, but we classified those tumors to splenic flexure tumors, LCC. Otherwise, all of the transverse colon tumors

were located in the proximal two-third of the transverse colon, and were considered RCC. This is the reason why we have not mentioned separately the distal third of transverse colon tumors, but the lack of difference in survival could not be explained by the classification. Primarily, the relatively small sample size and short follow-up could be the reason why we did not find difference in survival between LCC and RCC. We intend to report the long-term survival data of our present patients and involve more patients in our study.

Respectfully,

Author Contribution All authors made substantial contributions to the conception of the work, drafted the work, approved the final version to be published, and agreed to be accountable for all aspects of the work.

Declarations

Conflict of Interest The authors declare no competing interests.

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