2 March 2019

Dear the Editor-in-chief of *World Journal of Gastrointestinal Surgery*

Please find enclosed the edited manuscript (Prospective Study) in Word format (file name: **46686-Manuscript File.docx**).

Title: The learning curve of enhanced recovery after surgery (ERAS) program in open colorectal surgery

Author: Varut Lohsiriwat

Name of Journal: *World Journal of Gastrointestinal Surgery*

Manuscript NO: 46686

The manuscript has been improved and edited according to the suggestions of reviewers and editors. Format, references and typesetting were corrected. Any change to the manuscript has been highlighted by using RED-colored text.

Reply to reviewer 03563654:

Your kind comments and suggestions are highly appreciated. Point-to-point reply to your comments is following:

- I do agree with you that 'ERAS' can be applied to other diseases.
- Regarding statistical analysis in this study, continuous variables were compared among groups using one-way analysis of variance (ANOVA) or the Kruskal-Wallis test. Categorical data were compared using the Pearson Chi-square test or Fisher exact probability test.

Reply to reviewer 02534438:

Your kind comments and suggestions are highly appreciated. Point-to-point reply to your comments is following:

- You are right that 3rd quintile had the highest rate of 30-day readmission although it did not reach a statistical significance. There are several possible explanations on these findings including 3rd quintile had the highest percentage of patients with ASA classification ≥ 3. High ASA classification has been shown to be an independent predictor of readmission after major traumatic injury (https://www.ncbi.nlm.nih.gov/pubmed/29766118) and general surgery (https://www.ncbi.nlm.nih.gov/pubmed/25902340). I have added this comment in the discussion part.
- The statistical and clinical differences of ERAS outcomes were observed between 1st and other quintiles as shown in Table 3 and its footnote (d and e). Footnote (d): 1st quintile had a lower compliance rate of ERAS protocol than

2nd, 4th and 5th quintile. Footnote (e): 1st quintile had a higher rate of composite unfavorable outcomes than 2nd, 4th and 5th quintile. Meanwhile, there is no significant difference in ERAS outcomes among 2nd – 5th quintiles (except 2nd quintile had the fastest GI recovery). Based on these results, it is fair to a quintile (76 patient) are required to achieve competency in ERAS and its optimal outcomes.

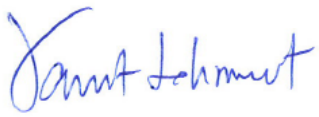
Reply to the editors:

Your kind comments and editing are highly appreciated. Point-to-point reply to your comments and editing is following:

- As I wrote in the 46686-Approved Grant Application, I declared in the Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand 'intellectually' supported us to write this manuscript but there was NO funding source for this review. Therefore, I do not have any copy of grant approval to be submitted alongside with this manuscript.
- Primary version of institutional review board's official approval was uploaded (46686-IRB Approval).
- Primary version of informed consent form was uploaded (46686-Informed Consent Form).
- CONSORT 2010 statement was completed and uploaded (46686-CONSORT2010).
- In abstract part, background and aim were revised based on the journal format.
- 46686-Audio Core Tip was uploaded with the revised manuscript.
- Article highlights was added after the main text based on the journal format.
- Titles of Figure 1 and 2 were revised based on the journal format and decomposable figures were uploaded under the name of 46686-Image File.

Thank you very much again for publishing my manuscript in the *World Journal of Gastrointestinal Surgery*.

Sincerely yours,



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