

## Point-by-point responses to the Reviewer's comments

### Reviewer #1:

Thank you very much for the kind words of appreciation of our paper. The following are the point-by-point responses to your comments:

Comment: Abstract: chemotherapy should read immunotherapy.

Response: The abstract was modified, as suggested.

Comment: Did the symptoms subside after intussusception reduction? When was elective surgery performed. How long after the reduction?

Response: After intussusception reduction, the abdominal symptoms subsided. Elective laparoscopic surgery was performed 14 days after the reduction. The content pointed out has been added to the text.

Comment: Core tip should be reduced to one line max two.

Response: The core tip was shortened, as required.

Comment: Introduction "several reports" —> "a few reports" ?

Response: The introduction was modified, as suggested.

Comment: Case presentation Please present the case in 1-2 well structured paragraphs without so many subheadings The history of the present illness in this instance starts with the abdominal pain and diarrhea. The rest is past medical history which should follow a chronological order.

Response: The case presentation was modified, as required.

Comment: "Abdominal tenderness" : where?

Response: Physical examination revealed diffuse abdominal tenderness without rebound tenderness. The content pointed out has been added to the text.

Comment: Please mention at which time point the CT and the colono where performed.

Response: CT and colonoscopy were performed on the day of admission. The content pointed out has been added to the text.

Comment: "naturally reduced" What do you mean naturally? Spontaneously? Without any effort?

Response: "Naturally reduced" means without any special treatment such as endoscopic resection.

Comment: splenic fold —> splenic flexure?

Response: The case presentation was modified, as suggested.

Comment: "The patient is scheduled to undergo further immunotherapy" : Do you mean a different immunotherapy? Why continue immunotherapy when they develop new metastasis while on it?

Response: The left supraclavicular lymph node was kept reduced in size by immunotherapy, and surgery eliminated metastatic lesions. Thus, the patient is scheduled to undergo the same immunotherapy.

Comment: Discussion. The authors should discuss more clearly the rationale of endoscopy in these patient. For example how could the procedure alter the therapeutic plan. If this was a large pedunculated polyp causing intussusception endoscopic polypectomy if feasible would have been enough.

Response: Endoscopic resection was not an option because this case was a large metastatic lesion rather than a pedunculated lesion as seen in Peutz-Jeghers syndrome.

Comment: Were there signs of bowel obstruction clinically or in the CT?

Response: No clinical findings suggestive of intestinal obstruction were found, and CT showed no intestinal dilatation.

Comment: Why not performing the operation during the same hospitalization to avoid the risk of recurrence with perforation?

Response: Elective surgery was performed 14 days after the reduction during the same hospitalization. As you pointed out, the patient was not discharged due to the risk of perforation.

Comment: Would laparoscopic resection have been an option in the acute setting? Why not?

Response: In this case, the patient had no clinical findings that required emergent surgery. The abdominal symptoms repeatedly worsened and disappeared; thus, there was no history of suspected intestinal obstruction. In addition, the abdominal symptoms at the time of admission were not severe, and no findings of necrosis or perforation were observed in CT. Therefore, we decided to perform colonoscopy to make a diagnosis.

Comment: Did you tattoo the lesion at colonoscopy?

Response: No, we did not tattoo the lesion. Intraoperative findings confirmed that the descending colon at the site of the tumor was a deformation.

Comment: Was is reduced before you reach the area with the scope (by the enemas and the insufflation) or after you passed through the site of obstruction? Please underline that colonoscopy in those circumstances should be very careful.

Response: Reduced was occurred when we reached the area of obstruction with the scope. The discussion was modified, as suggested.