

To,
The Editor ,
World Journal of Gastrointestinal Surgery.

Dear Sir / Madam,

RE : Manuscript no : 77113, TITLE : **Title:** SKELETAL MUSCLE METASTASIS
FROM COLORECTAL ADENOCARCINOMA : A LITERATURE REVIEW

We thank the reviewers for going through our manuscript in a very detailed way and giving us helpful comments. We have tried to address all the comments raised in the revised manuscript. Please find underneath our responses to the comments raised by the reviewers. I hope these are to your satisfaction. I look forward to a successful acceptance of the article. Please let me know if any further information is required.

REVIEWER 1 COMMENTS

Abstract. YES. In conclusion- Is SMM a complication ? Or metastasis or entity??	We have now mentioned in the abstract that SMM is a complication of colorectal adenocarcinomas
Key words. Should be added	These have now been added in page 3
Discussion. Well discussed. But, there are less information about therapeutic approach. Please add some discussion for SMM and their progression using case reports (general aspect).	We have now added information about therapeutic approach both in text and in the table with characteristics of studies, we have added treatment details in the site of metastases and treatment
Grammar needs some revision. There are some linguistic errors	We have now enlisted the help of FILOPEDIA professional services and have got grade A certification for quality of language. This has already been shared with the journal.

REVIEWER 2 COMMENTS

The writing is poor. Many of the formats are quite non-standard which is a serious problem in this article. Even taking into consideration that the writer is not a native English speaker, the wording throughout convolutes the messages they are trying to convey. For	We have now modified all the statements that the reviewer has kindly raised. We have now enlisted the help of FILOPEDIA professional services and have got grade A certification for quality of language. This has already been shared with the journal.
---	--

example, a. "Colorectal adenocarcinoma is the 3rd most common cancer in men and the 2nd most common cancer in women globally. It accounts for 10.7% of all new cancers and almost 10% of all cancer related deaths. ." b. "Colorectal cancer is the third most common cancer in men and the 2nd most commonest cancer in women. There were atleast 1.8 million new cases in the world in 2018. These account for more than 10.7% of all cancers ." c. "Inspite of this, the incidence of metastasis to skeletal muscles from all forms of cancers is extremely low."	
When an abbreviation is first mentioned in the text, its full name should also be attached. For example, FDG-PET, PRISMA	We have now made the corrections so that all abbreviations have their full names mentioned when they are first used in the article.
In this article, the author drew a graph without illustrations, but it is necessary	The PRISMA diagram now has illustrations as per standard
"The initial search yielded 138 eligible studies. 29 of these studies were eligible for inclusion in our review. These studies covered a total of 30 patients. Detailed characteristics of the studies are shown in table 2." Is the small amount of data and limited coverage reflecting the clinical value of this study?	We believe that this review has identified maximum number of patients with this rare complication. We have mentioned in the discussion section (page 8) : "There have been previous studies that have studied the incidence of SMM due to colorectal cancer ^[16] . However, we found SMM has been documented in 30 patients in the literature. We believe that this is the maximum number of cases of SMM due to colorectal cancers that have been reported in the literature."
To make article more interesting, authors could write more about the analysis of the research and the clinical value of this article.	We have now added further detail in the discussion section and also included more detail in the table : characteristics of studies wherein we have enumerated the treatment of the skeletal metastases.

Kind regards,

Nikhil Kulkarni,

FRCS, MCh, MS (Gen surgery), MBBS.