

Dear Reviewer 04106973,

Thank you for your review and important suggestions.

1. Indeed, the study collected a number of clinical outcomes and described them in details, but the title only stated qol, I suggest revise the title to better reflect the content of study.

Ans: We have revised the TITLE to better reflect the content of study.

2. Please replace qol with hrqol.

Ans: We have replaced all “qol” with “hrqol”.

3. Please specify the version of SF-36 (v1 or v2), also the SF-36 could also generate two summary scores PCS and MCS, as well as SF-6D utility score, please also calculate and compare the scores.

Ans: We used the SF-36 version 2. We have added the PCS, MCS and SF-6D utility score results in Table 3 for comparison and described this in RESULTS part.

4. What about the validity and reliability of SF-36 in Taiwan.

Ans: We have added some information of this issue in the 5th paragraph of the DISCUSSION part. Besides, we have added references 18, 19 and 20 to support this information.

5. Why not assess the patients' HRQOL during perioperation.

Ans: Thank you for your important suggestion. However, we have not considered this in our initial design, and we could not assess this important issue from our current data. We should compare this in our further study.

6. I think it is also important to compare the change in SF-36 score between the two groups.

Ans: We have compared the change of SF-36 scores of LR and OR patient groups in Table 3 and described this in the RESULTS part.

Dear Reviewer 03548282,

Thank you for your review and important suggestions.

1. The author did not describe the preoperative neoadjuvant chemoradiotherapy of rectal cancer patients, which will directly affect the occurrence of complications.

Ans: The number of rectal cancer patients receiving pre-operative neoadjuvant chemoradiotherapy has been added in Table 1. Besides, this has also been described in the RESULT part.

2. T staging and N staging are not listed in the baseline characteristics.

Ans: Thank you for your suggestion. However, we could only classify our patients from stage 0 to stage III, instead of listing the detailed information of T staging and N staging in Table 1 because our patient number was too small. Thus, we just compared the TNM staging between LR and OR groups in pre-operative (clinical/imaging) and post-operative (pathological) staging.

3. It is suggested to add postoperative pathological staging and postoperative complication grading.

Ans: We have added post-operative pathological staging in Table 1 and post-operative complication grading in Table 2.

Dear Reviewer 06364530,

Thank you for your review and important suggestions.

1. I think it is better to add the evaluation method used in this study. For example, "Medium-term quality of life after laparoscopic vs open colorectal cancer resection: SF-36 Health Survey questionnaire"

Ans: We have revised the TITLE as suggested.

2. The discussion is too long for a research article. Please simplify this part.

Ans: We have shortened some content of the DISCUSSION part.

3. Table 2 and 3 are figures, please change them into three-line table in text format. For statistical significance, most studies use "****" to indicate <0.001 P-value, and use "***" to indicate <0.01. In table 2, "Recurrence within 1 yr" is not aligned.

Ans: We have revised Table 2 and 3 into three-line table in text format. Besides, we have changed "****" to indicate <0.001 P-value, and used "***" to indicate <0.01. Moreover, In table 2, "Recurrence within 1 yr" has been aligned.

4. In 300 with non-metastatic colorectal cancer, 1 died with one year, why 296? Same flaw is in 254 with non-metastatic colorectal cancer. I noticed you explain it in main text. Please added in Figure 1.

Ans: We have added the information in Figure 1 as suggested.

5. Some flaws may need to be corrected. In paragraph 5 of Discussion. Please check whether citation [3] is suitable. And other citations should be checked again.

Ans: Thank you for your detailed check of our references. We have deleted that content during the process of content shortening. Besides, we have checked all references of our manuscript and confirmed all citations are correct.

6. The discussion section is too long but the result section is short. In my opinion, it is better to add some subgroup analysis.

Ans: We have added more analysis of the RESULTS of Tables 2 and 3.

7. I notice there are several types ASA, TNM stage, histopathology, tumor location, intervention, and Pre-surgery serum CEA level. Please add the results of subgroup analysis as much as possible.

Ans: We have added more analysis of the RESULTS of Table 1.