Reviewer's comments:

Manuscript Review for World Journal of Gastrointestinal Surgery

Manuscript Number: 47044

Title: "Preoperative Bowel Preparation Does Not Favor the Management of Colorectal Anastomotic Leak"

Article Type: Original Article

Reviewer #1:

We would like to thank the reviewer for the detailed and constructive comments and suggestions for the manuscript. We apologize for the typos of the manuscript. Please find attached the revised manuscript with the appropriate corrections on the typos that you mentioned.

Reviewer #2:

We would like to thank the reviewer for the detailed and constructive comments and suggestions for the manuscript.

1) In regards with your proposal for creation of a separate paragraph for the statistical analysis we have already described in detail the statistical analysis of the manuscript in pages 8 and 9, please see below for more details:

"Baseline characteristics of all patients in the three preoperative bowel preparation groups were assessed and compared, with the intention to detect any differences among the three groups that could potentially confound or modify the effect of preoperative bowel preparation on the primary outcome. Data on categorical variables were expressed as frequencies and proportions (%) and were compared

between groups using the Chi-Square or Fisher's exact test. Data on continuous variables are summarized with the usual descriptive statistics such as means (SDs), medians (ranges), and interquartile ranges; and group comparisons of these variables were performed using the Mann-Whitney U Test (for two groups) or Kruskal-Wallis (for three or more groups) test due to the fact that data contained outliers and were unlikely to follow a normal distribution. Univariable logistic regression models were used to examine the associations of individual predictor variables with the primary outcome one at a time. Finally, multivariable logistic regression was performed to ascertain the effects of all potential predictor variables on the likelihood of patients being treated with reoperation for the leak. Unadjusted raw or adjusted odds ratios and their 95% confidence intervals (CIs) were reported as appropriate. Two-tailed p-values of less than 0.05 were considered statistically significant. SPSS version 24 and SAS version 9.3 were used for all the data analyses."

2) Please see attached a completely revised flow chart as Figure 1.

3) As you proposed we enriched the manuscript with one more citation.

4) We specifically added an new paragraph in the end of discussion with a specific mention on the utility of our study's results in the clinical management of anastomotic leak. Please see attached the revised manuscript.