

To Reviewers:

Thank you for your sincere and careful suggestions for us. These comments are all valuable and very helpful for improving our paper. And we have learned a lot from them. We have tried our best to answer and revise our manuscript as you required. Please check them. Thank you for your efforts again, and best wishes for you and your families.

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: 1. There are issues of certain basic issues in the hybrid procedure which the authors have described. There are lots of custom modifications that the authors have made. Even the open procedure is not clearly mentioned. 2. There are certain grammatical mistakes and some poor formation of sentences At the present state the article is not fit to be accepted. Either there have to be major modifications along with clarification that have to be made, but certain like the operative procedure cannot be corrected. So my opinion is to REJECT the article.

**Reply:** This study aimed to evaluate the outcomes and complications of the hybrid application of open and laparoscopic approaches in giant ventral hernia repair. Within our ability, we have tried our best to revise this manuscript as you requested. This manuscript has been thoroughly revised and edited by a professional medical proof-reader. The grammar and spelling of the manuscript have been modified. We are

very sorry for the mistakes in the manuscript and inconvenience they caused in your reading. We really hope it can meet you and the journal's standard.

Reviewer #2:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: - From Sentence 229 to 231, some numbers are in discord with the abstract. Please correct it. And explain why the hybrid procedure are low intestinal injury compared to the open surgery. I think that open IPOM procedure seems to be almost the same to the hybrid procedure. “ The rates of intraoperative intestinal injury were 6.1%, 4.1%, and 15% (1.5% ???) in the open, laparoscopic, and 15 hybrid groups, respectively (hybrid vs. open and laparoscopic procedures;  $P<0.05$ ).” -From Sentence 241 to 242, the lowest incidence of operative site infections seems to be at the open group but not the laparoscopic group considering your data. Please check it out and correct. -Why did the open surgery group have a longer length of hospital stay compared to the hybrid group? Please mention it at the discussion.

**Reply:** Thanks for your reminding. We were so sorry for this mistake. This sentence

has been revised as follows. The rates of intraoperative intestinal injury were 6.1%, 4.1%, and 1.5% in the open, laparoscopic, and hybrid groups, respectively. We reckoned the following reason contribute to the lowest intraoperative intestinal injury rate in hybrid group. In hybrid group, we combine the advantages of the two methods in the operation, and choose the operation according to the specific situation, so as to minimize the trauma caused by the operation. As for infection rate, we also felt confused to the outcomes. After discussed with our medical team members, we couldn't draw a same conclusion. It remained to be proved in our future work. As for longer length of hospital stay, we believed its due to more severe trauma in open group than hybrid group. Therefore, patients needed more time to recover. And our medical team members would be more cautious to allow them leave hospital.

#### 4 LANGUAGE QUALITY

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

**Reply :** This manuscript has been thoroughly revised and edited by a professional medical proof-reader. The grammar and spelling of the manuscript have been modified. We are very sorry for the mistakes in the manuscript and inconvenience they caused in your reading. We really hope it can meet you and the journal's

standard.

## 5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows.

(1) Title: Please spell out any abbreviation in the title. Abbreviations are not permitted.

(2) Running title: Please shorten the running title to no more than 6 words. Abbreviations are permitted.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract. Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).

(4) Key words: Abbreviations must be defined upon first appearance in the Key words.

(5) Core tip: Abbreviations must be defined upon first appearance in the Core tip.

Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text.

Examples: Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Examples:

Example 1: Hepatocellular carcinoma (HCC).

Example 2: Helicobacter pylori (H. pylori)

(8) Figures: Please verify the abbreviations used in figures and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

(9) Tables: Please verify the abbreviations used in tables and define them (separated by semicolons) at the end of the figure legend or table; for example, BMI: Body mass index; CT: Computed tomography.

**Reply:** Thanks for your suggestion. We have learned a lot from your suggestions. We have thoroughly checked the article and revised all the unreasonable abbreviations as you requested. Please check it.

## 6 EDITORIAL OFFICE'S COMMENTS

Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

(1) Science editor: 1 Scientific quality: The manuscript describes a Retrospective Study of repair of giant ventral hernia. The topic is within the scope of the WJCC. (1) Classification: Grade A and Grade D; (2) Summary of the Peer-Review Report: It's a good quality work. The questions raised by the reviewers should be answered; (3) Format: There are 2 tables and 3 figures; (4) References: A total of 59 references are cited, including 0 references published in the last 3 years; (5) Self-cited references: There are no self-cited references; and (6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer

reviewer's ID number to editorialoffice@wjgnet.com. The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately. 2 Language evaluation: Classification: Grade A and Grade B. A language editing certificate issued by Enago was provided. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the Institutional Review Board Approval Form. Written informed consent was waived. No academic misconduct was found in the Bing search. 4 Supplementary comments: This is an unsolicited manuscript. No financial support was obtained for the study. The topic has not previously been published in the WJCC. 5 Issues raised:

(1) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; (2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout; (3) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text. 6 Re-Review: Required. 7 Recommendation: Conditional acceptance.

**Reply:** We are so sorry that the original figures could not be find in our computer. The DOI number and "Article Highlights" section have been provided in the manuscript. Please check it.

(2) Company editor-in-chief: I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors.

**Reply:** Thanks for your approval. Hope our revision can meet the journal's standard.

Please allow us appreciate the reviewers again for their warm work again. We sincerely hope these corrections will meet with your approval.