Response Letter

Dear *Editors and Reviewers of World Journal of Gastrointestinal Surgery:*

Thank you very much for determining that our manuscript titled **"*Risk Factors and Prediction Model for Inpatient Surgical Site Infection after Elective Abdominal Surgery*** (Manuscript No.81144, Retrospective Study)**"** is potentially acceptable for publication in **World Journal of Gastrointestinal Surgery**, pending a satisfactory revision of the paper in accordance with the enclosed reviewers' comments. We sincerely appreciated the reviewers' comments and felt encouraged by their positive feedback regarding our manuscript. The remaining concerns of the reviewers and their suggestions for improving the manuscript have been carefully addressed in our revised manuscript. Below, we provide a point-by-point response to the comments. For clarity, we present those requests in italics, followed by our responses.

We believe that the revisions following the reviewer' advice have substantially improved the manuscript, and we hope that the revised manuscript is suitable for publication in **World Journal of Gastrointestinal Surgery.**

Looking forward to hearing from you soon.

With kind regards,

Yours sincerely,

Zhang Jin

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Reviewer #1 (Reviewer Comments to the Author)

Response to Reviewer #1

Many thanks for your expert comments and suggestions for improving our manuscript. We have followed your advice and have improved the presentation of the manuscript accordingly.

1. *The researchers were able to demonstrate the robust and all encompassing nature of their model for prediction of SSI following abdominal surgery.*

Response: Thanks to reviewer for endorsing our SSI prediction model for abdominal surgery, which is clinically feasible, simple and easy to operate and has wide applicability.

2. *The newly created prediction model have been proven to have higher AUC on ROC scale, with more variables cutting across various aspects of the patients in question.*

Response: Thank you so much for the approval of our prediction model which has higher AUC on ROC scale.The model involves more variables and is more comprehensive.

3. *some of the limitations include; retrospective nature of the research, it was a single centre with limited number of patients, with many variables that were recorded to be missing in the model derivation, which were eventually discarded by the researchers.*

Response: Thank you very much for your advice.The study was a retrospective analysis with missing a portion of the data reports which was chosen to be discarded when the model was built.The lack of missing data is an irreparable regret.So, in the further study, we will make every effort to include more data and use multicentre studies to make the models more accurate.

Reviewer #2 (Reviewer Comments to the Author)

Response to Reviewer #2

Many thanks for your expert comments and suggestions for improving our manuscript. We have followed your advice and have improved the presentation of the manuscript accordingly.

Dear author, Congratulations for this nice research which is a topic of concern but in your manuscript which is a retrospective study, i think you should also categorize abdominal operation in to elecive and emergency becouse it will affect your results. Or modify your title to elective abd. Surgery as in emergency your variables will increased eg: working on prepared colon carries minimal risk of infection un like working on unprepared colon. So you must define your abdominal surgery elective or emergancy or both.

Response: Thank you for carefully reminding and interest in this study. And We thank you so much for pointing out this issue, we indeed should have put abdominal operation in to elective and emergency ones,so we choose to change our title into a preferable one as"***Risk Factors and Prediction Model for Inpatient Surgical Site Infection after Elective Abdominal Surgery***".We are very sorry for this.