

1. **Methods-Control group.** Is “multimodal labor pain” a correct phrase? I hope the authors will confirm its rightness.

Yes, "Multimodal labor pain" is a professional term in the medical field, used to describe the strategy of using various pain management methods during labor. This term is commonly used in medical literature and clinical practice.

The definition of "Multimodal labor pain" refers to the strategy of using multiple different pain management methods during labor to alleviate pain. This approach typically combines the use of medication and non-pharmacological pain relief techniques such as local anesthesia, analgesic drugs, and non-pharmacological methods (such as breathing techniques, massage, etc.) to minimize pain during childbirth. Multimodal labor pain can help mothers achieve better pain relief during the labor process.

2. **Discussion.** I suggested to supplement the limitations of this study and the direction of future research.

Sample size and representativeness: The small sample or non-representative sample selection in this study may limit the ability of the study to generalize. If the sample size is insufficient, the results may not be reliable or statistically significant.

Study Design: The study used a cross-sectional design rather than a randomized controlled trial, so causality cannot be established.

Method of data collection: The method of data collection may also have an impact on the results of the study. Data are based on self-report or recall, and there may be problems with memory bias or subjective measures.

External validity: The applicability of the findings to other populations or Settings also needs to be considered. The study participants and Settings are quite different from other populations, and the results may not be generalizable to other populations.

Other variables not considered: Other relevant variables not considered in the study may have influenced the interpretation of the results. If the study focuses on only one factor, other potential confounding factors may be overlooked.

返修意见 2:

I read this manuscript with great interesting. The study is well performed. The findings in this study are interesting. Abstract is an important part for readers to understand the research accurately and quickly, and also make the article fuller. The background of this research abstract is missing, so it is suggested to supplement it.

We have added, thank you

In addition, the description of results is too much, generally do not need to list all the results that have been obtained, only need to describe some of the final results in the abstract.

We've simplified the results, thank you

Others, The main inadequacies of the article: the innovation of this study is not described in the preface, and the limitations of this study are described less in the final summary.

The innovation of this article lies in exploring the impact of different anesthesia methods and the combined application of multimodal analgesia on postoperative pain in patients with colorectal cancer. In this study, by comparing the data of the control group and the study group, it was found that the study group, which received general anesthesia combined with epidural anesthesia and multimodal analgesia, showed better results in terms of postoperative recovery time, pain scores, cognitive function, and inflammation markers. This study not only provides new methods for postoperative analgesia in patients with colorectal cancer but also has a positive impact on patients' postoperative recovery and inflammatory stress response, with a higher level of safety.

The limitations of this study are mainly as follows:

1. Limited sample size: This study only included 126 colorectal cancer patients who received treatment in the hospital from January 2020 to December 2022. The research findings may not be generalizable to other populations.
2. Single-center study: This study was conducted only at one hospital, which may limit the representativeness and generalizability of the research results.

3. Non-randomized grouping: The grouping of the study and control groups was not randomized, which may introduce potential bias and affect the accuracy of the research results.

4. Retrospective study design: This study used a retrospective study design, and the research results are susceptible to recall bias and information retrieval bias, leading to potential issues such as memory and information retrieval errors.

5. Specific to colorectal cancer patients: This study focused only on colorectal cancer patients, and the findings may not be applicable to other types of surgeries and diseases.

6. Subjective assessment of outcomes: Some outcomes, such as VAS scores, Ramany scores, and cognitive function improvement, are based on self-reports by patients or subjective evaluations by doctors, which may be subjective and influenced by individual differences.

The English expression needs to be further refined. I hope that my comments will be useful in improving the article.

We have polished the full text