

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

(1) *Reviewed by 02242399*

The question of reviewer 02242399

1). Investigation of the relationship between age, tumor location, and survival rate in colorectal cancer has been demonstrated many years ago by other groups (British Journal of Surgery 1990, 11(6): 611-616.; and British Journal of Cancer 1999, 81(3): 463-468.). However, for a database in Eastern China, those analysis and information are still valuable. Therefore, the authors need to discuss the different between this study with other groups. Comparing with other groups, the percentage of young colorectal cancer(cutoff 30 year-old) in our database was 3.1%, which was higher than others obviously. Occurrence rate of young colorectal cancer was 2.3%(cutoff 40 year-old) or 7%(cutoff 50 year-old) in two studies respectively. This phenomenon might result from the regional difference. These contents was added into the article in the first part of discussion.

In Enblad et al's study, patients with all malignant tumors were analyzed. The result indicated prognosis of young colorectal adenocarcinoma was similar to older ones. In our study, patients with non-adenoma caner were excluded. The prognosis of young group was worse than older ones. The impact of young age to colorectal cancer was added in the overall survival part of discussion. The result of this article was also added as a reference. The article of "British Journal of Cancer 1999, 81(3): 463-468" mainly indicated the difference in three European countries. Monnet et al's study indicated there was significant difference as for stage distribution which mainly result into survival differences. So stratified analysis according to stage which was done in our study was important.

2). Most of the younger patients with colorectal cancer are highly correlated with the genetic alterations.

We also recognized the importance of genetic alterations in young colorectal cancer. But in our center, family history was not described carefully in the case history, so information of genetic alterations could not abstract from registration of data. So it was a remarked limitation of this study. The relative content had marked in "some limitations with the results" paragraph of discussion part.

3). The authors need to include this part in the discussion section. 3. Please mark what the "OR", and "CI" stand for in Table 2.

"OR" stands odds ratio. "CI" stands confident index. Relative contents were added in the Table2.

(2) **Reviewed by 00503549**

The question of reviewer 00503549

1). Please define the definition of "Eastern China".

In this study, eastern China refers to Yangtze River delta region where people enjoy a similar lifestyle and economic status. Consequently, the epidemiological characteristics of colorectal cancer in this region are similar. Therefore, data from our center could represent the features of this tumor in eastern China.

2). In Table 1, they should clearly show which subgroups were compared together for evaluating statistical difference.

In the Table1, notes was added to explain which subgroups were compared.

3).In Table 2, they describe as stage (I+II/III+IV), that appears the risk of I+II to III+IV.

However, the OR was 2.196. Therefore, they should revise (I+II/III+IV) into (III+IV vs. I+II). Other variables (not variance) should be presented in the same way. In the Table2, relative contents was modified, according reviewer suggestion. Thank for the reviewer's accurate suggestion.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.