

Dear Editor,

We are truly grateful to your and other reviewers' critical comments and thoughtful suggestions concerning our manuscript entitled "Vascular anatomy of inferior mesenteric artery in laparoscopic radical resection with the preservation of left colic artery for rectal cancer" (Man ID# 40500). Those comments are very valuable and helpful for revising and improving our paper. Based on the comments and suggestions, careful modifications have been made to the original manuscript. A revised manuscript with the correction sections marked in red color was uploaded for easy checking/editing purpose.

We hope the following point-by-point responses and the new revision of the manuscript will meet the editor's and reviewers' requirements for considering this manuscript for publication in World Journal of Gastroenterology.

Editor

Thank you very much for your careful review of our manuscript. In the following sections, we addressed more clearly about the issues the Editor proposed.

1. We have provided language certificate letter by MedE Editing Service. We have made some language revisions, and this paper has reached grade A in language evaluation for SCI journals.

2. We have uploaded an audio record of my core tip.

3. We have uploaded the decomposable figure of Figures, whose parts are movable and editable. And you put the original pictures in ppt and submit it in the system.

4. The experimental method of this study was not a randomized controlled trial. So we thought that we did not need upload the PDF version of the CONSORT 2010 checklist to the system. This study only shared experience in intraoperative vascular anatomy. No intervention was done to the patients. We have uploaded the Signed Informed Consent Form and Institutional Review Board Approval Form. So we thought that we did not need upload the Clinical

Trial Registration Statement to the system.

5. According to the editor's suggestions, we improved the content of the manuscript. For example, running title, ORCID number, informed consent statement, citation, article highlights were added in my manuscript.

Reviewer #1

Thank you very much for your careful and patient review of our manuscript. In the following sections, we addressed more clearly about the issues the reviewer proposed.

Comments

Q1) The results are well displayed, and the well discussed. The surgery method in this study is very importance. It's very useful to the gastrointestinal surgeons. It will guide the gastrointestinal surgeons well in the treatment of rectal cancer.

A1: Thanks to the reviewer for the recognition of my manuscript.

Q2) Each figure or table should be in a separate file.

A2: Although the method are well described, the authors can describe the surgical procedure at the method section, in a more detail manner.

A2: Thank you very much for your valuable comments. We have describe the surgical procedure in a more detail manner. The red section was the part that we added.

Surgical procedure

Laparoscopic surgery was performed by a single operating team consisting of two senior surgeons and three staff surgeons. During the operation, the patients were placed in lithotomy position. **Multi-incision laparoscopic surgery was performed. That was, we placed five ports including the optical port. There were the first 10 mm trocar in the umbilicus as the optical port, another 12 mm-trocar, and three 5 mm-trocars. Established pneumoperitoneum and maintained abdominal pneumoperitoneum**

pressure at 12mmHg. Sharp dissections were performed using laparoscopic ultrasound knife. Firstly, the small intestine was pulled on its cephalic side to allow for sufficient surgical space. Secendly, the sigmoid colon mesentery was mobilized with medial to lateral approach up to the origin of the IMA. Lymphous and adipic tissues were resected along the IMA down to the point of branching into the LCA or common trunk of LCA and sigmoid artery (SA). The dissection was then conducted from the LCA until the IMV could be identified. The IMV was exposed to the plane of the origin of the IMA. After the dissection, the vessels were ligated and cut with the preservation of the LCA. The superior hypogastric nerve and left ureter were carefully preserved during the procedure.

Q3) What's the indications for this kind of laparoscopic surgery? And are there any follow up for those patients?

A3: Thank you for your useful comments.

The indication for laparoscopic rectal cancer is the same as laparotomy. All excision of rectal cancer, without contraindication, can be performed by laparoscopy as early as possible.

Our next study will give 5 to 10 years of follow up to the patients after surgery. Clinical data are being collected.

Q4) And some minor language revisions are needed.

A4: We have provided language certificate letter by MedE Editing Service.

Reviewer #2

Thank you very much for your careful and patient review of our manuscript. In the following sections, we addressed more clearly about the issues the reviewer proposed.

Comments

Q1) Very interesting study about the vascular anatomy of inferior

mesenteric artery in laparoscopic radical resection with the preservation of left colic artery for rectal cancer. The manuscript is very well written. No specific comments, only some minor language revisions are required.

A1: We have provided language certificate letter by MedE Editing Service.

Reviewer #3

Thank you very much for your careful and patient review of our manuscript. In the following sections, we addressed more clearly about the issues the reviewer proposed.

Q1) This study is very well designed and the manuscript is well written. Only one question, are there any information about the follow up?

A1: Our next study will give 5 to 10 years of follow up to the patients after surgery. Clinical data are being collected.