

- 1. Your manuscript should be prepared with word-processing software, using 12 pt Book Antiqua font and 1.5 line spacing with ample margins.**

I have changed the format of my manuscript.

- 2. You need to provide the grant application form(s) or certificate of funding agency for every grant, or we will delete the part of "Supported by..."**

I have provided the grant application certificate and submit it in the system.

- 3. A short running title of no more than 6 words should be provided.**

A running title has been added on page 1, line 7.

Zhang LL *et al.* Two-month follow-up of SRUS.

- 4. Please provide all authors abbreviation names and manuscript title.**

All authors abbreviation names and manuscript title have been added on page 5, line 104-105.

Zhang LL, Hao WS, Xu M, Li C, Shi Y. Modified Tong Xie Yao Fang relieves solitary rectal ulcer syndrome: A case report. *World J Clin Cases* 2019;

- 5. The manuscript need for an extensive language revision.**

The editors of Filipodia helped me to polish my manuscript and language quality achieved Grade A. I have submitted Non-Native Speakers of English Editing Certificate in the system.

- 6. I would suggest to discuss deeply the possible role of nutrition in the prevention or treatment of SRUS, highlighting the similarities and differences with colorectal cancer (Uccello M et al BMC Surg. 2012; Nolfo F et al BMC Surg. 2013; Grosso G et al BMC Surg. 2013)**

According to the reviewer's suggestion, I have highlighted the similarities and differences with colorectal cancer on page 9, line 218-224.

Clinically, SRUS is easy to be suspected as colorectal cancer, based on the similar

symptomatic profiles and endoscopic features, which include bleeding or mucus at defecation, anal or rectal pain and discomfort, increased frequency of defecation, and colorectal masses or ulcers^[1,5]. Histological features are helpful to distinguish SRUS from malignancy. The key histological features that distinguish SRUS from colorectal cancer are the architectural distortion, fibromuscular obliteration of lamina propria, and absence of tumor cell infiltration^[6].

According to the reviewer's suggestion, I have discussed the possible role of nutrition in prevention or treatment of SRUS on page 9-10, line 229-237.

Some studies have suggested that fruits, vegetables and grains have protective effects against adenoma and colorectal cancer. Probiotics may also have preventive effects on colorectal cancer but the actual beneficial effects remain to be definitively evidenced^[7-8]. Conservative treatment (high-fiber diet, laxatives, change in defecatory habits, and biofeedback treatment) were shown to induce a symptomatic improvement in 71/91 patients (63.6%) and healing of mucosal lesion in 17/51 patients (33.3%)^[9]. According to those reports, SRUS may be prevented and improved by adjusting dietary structures and probiotic levels.

7. Please check and confirm that there are no repeated references! Please add PubMed citation numbers (PMID NOT PMCID) and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI.

References have been revised as required. The references of 23 has no PMID or DOI code.

8. Please provide the decomposable figure of Figures, whose parts are movable and editable. So you can put the original pictures in ppt and submit it in the system.

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