

Amsterdam, May 8<sup>th</sup> 2020

Dear Professor Lian-Sheng Ma,

Thank you for your positive decision and the opportunity to incorporate revisions in a revised version of our manuscript entitled: "Consensus on the definition of colorectal anastomotic leakage: a modified Delphi study."

We thank the reviewers for their valuable comments that helped us to improve our manuscript.

Please find enclosed the reviewers' suggestions and our specific responses to their comments.

We have adjusted the manuscript in accordance with the suggestions and comments of the reviewers and the Science Editor.

We hope that the editorial board will appreciate our work and accepts our revised manuscript for publication in *World Journal of Gastroenterology*.

Yours sincerely,

On behalf of all authors,

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Reviewer#1:

**Well designed and well written manuscript about anastomotic leak definition. Thanks for your valuable efforts.**

Response to Reviewer #1

*We thank the reviewer for his/her time to review our manuscript and for the compliments on the manuscript. We were pleased to receive such high grades for both scientific and language quality.*

Reviewer#2:

**In the keywords the authors only use two MESH: Colorectal Surgery and Consensus They should add MESH as: Anastomotic Leak; Morbidity; ... The authors do a laborious job of preparing interviews and results. However, the interview with a group of experts is finally not enough to establish a new practical definition of CAL and therefore does not contribute to improving the absence of a single accepted definition. From that moment on, I don't understand the importance of the rest of the parameters used: Clinical parameters, Laboratory tests, Radiological findings, Findings during reoperation. Perhaps they bring more complexity to what already exists. I understand that the questionnaires made should have been published.**

Response to Reviewer #2

*We thank the reviewer for the positive and valuable comments, which we used to improve our manuscript.*

1. **In the keywords the authors only use two MESH: Colorectal Surgery and Consensus They should add MESH as: Anastomotic Leak; Morbidity; ...**

*We agree with the reviewer that we should use more MESH terms in the keywords. We added the suggested MESH terms Anastomotic Leak and Morbidity on page 4, lines 8-9.*

2. **The authors do a laborious job of preparing interviews and results. However, the interview with a group of experts is finally not enough to establish a new practical definition of CAL and therefore does not contribute to improving the absence of a single accepted definition.**

*We want to thank the reviewer for his/her kind words. We agree with the reviewer that an interview with a group of experts is not enough to establish a new definition. However, the aim of this study was not to establish a new definition, but to achieve a more unambiguous definition of CAL. In clinical practice and research numerous definitions are used for CAL and we aimed to gain consensus on a valuable definition for CAL. We think that the appropriate*

*design for such a research question is a Delphi analysis using the opinion of experts in several rounds of interviews. Indeed, we found agreement on a useful definition for human CAL.*

3. **From that moment on, I don't understand the importance of the rest of the parameters used: Clinical parameters, Laboratory tests, Radiological findings, Findings during reoperation. Perhaps they bring more complexity to what already exists.**

*We want to thank the reviewer for addressing his/her concerns about the use of the rest of the parameters. These parameters are often part of the different definitions used for CAL and are also used in severity classifications of CAL. Therefore, we considered it important to add these parameters to the questionnaires, so we could gain insight in what the experts thought were appropriate components of the definitions. We understand that the purpose of using the additional parameters as second goal of our study is not well enough described in our manuscript and we added a more extensive description of the aim and subaim of this Delphi study on page 6, lines 10-14.*

4. **I understand that the questionnaires made should have been published.**

*We agree completely with the reviewer and added the questionnaires as supplementary materials. Supplementary 4. is Questionnaire round 1 (mentioned in manuscript on page 7, lines 17-18) ; Supplementary 5. is Questionnaire round 2 (mentioned in manuscript on page 8, lines 11-12); Supplementary 6. is Recommendations final round (mentioned on page 8, line 16).*