

Dear Editors,

Thank you for reviewing our manuscript (NO.58874): **Fedora-type magnetic compression anastomosis device for intestinal anastomosis.**

Thank you very much for your letter and advice. We have revised the manuscript, and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewers, and the amendments are highlighted in red in the revised manuscript. Point by point responses to the reviewers' comments are listed below this letter.

This manuscript has been edited and proofread by "*American Journal Experts*".

We hope that the revision is acceptable for the publication in your journal.

Look forward to hearing from you soon.

With best wishes,

Yours sincerely,

Dinghui Dong

We would like to express our sincere thanks to the reviewers for the constructive and positive comments.

Replies to Reviewer 1 (Reviewer's code: 03025353)

Very good study exploring variables in magnetic anastomosis. Well designed with adequate numbers of rats. Manuscript well written and conclusions reasonable. It is hard to see how this study of very small device and very small anastomosis will translate to larger human intestine since magnetic force will change dramatically with bigger magnet mass.

Response: We appreciate the comments from the reviewer. In this study, we explore the optimal size and pressure of MCA device for intestinal anastomosis in rat, defining the relationship between compression size, compression pressure and quality of magnetic anastomosis. Furthermore, we also develop a novel MCA device ("fedora-type" MCA device) to meet the requirements of low pressure and large size simultaneously. Of note, we agree with the reviewer that the results are somewhat limited to rats. We noticed that some results of the current work cannot be directly translated into clinical practice, such as the size of MCA device. However, other results would provide important guidance for the further clinical application of MCA device. For example, with adequate animals, we demonstrated that the diameter of MAC device should be greater than 120% of the enteric diameter to ensure the stability of intestinal anastomosis. Collectively, in the future, models in larger animals and even clinical trials are needed to test the "fedora-type" MCA device and the hypothesis concluded from current study, which had been discussed in the manuscript. (Page 15, line 8-15, marked in red.)

The changes in the text are described in detail below.

1. The manuscript was prepared with Word-processing Software (Microsoft Word format), using 12 pt Book Antiqua font and 1.5 line spacing with ample margins.
2. The language and grammar were polished by "*American Journal Experts*" (AJE). The language certificate letter was in the uploaded attachment.
3. The audio core tip with mp3 format was provided in the uploaded attachment.
4. All figures were rechecked and modified use distinct colors with comparable visibility and provided decomposably in a PowerPoint file named "58874-image files.ppt". (All figures)
5. The certificate of funding was provided in the uploaded attachment.
6. The "ARTICLE HIGHLIGHTS" were added including Research background, motivation, objective, methods, results, conclusions, and perspectives.
7. The references were checked and confirmed throughout. There are no repeated references. All authors of references were listed. The PMID and DIO citation were added.
8. The expression of some sentences is more refined after revised.

Thank you.