

Response Letter

Name of journal: *World Journal of Clinical Cases*

Manuscript NO: 72636

Title: Anorectal dysfunction in patients with mid-low rectal cancer after surgery: a pilot study with three-dimensional high-resolution manometry

Dear Editors and Reviewers,

Firstly, we appreciate your kind and helpful comments and suggestions. We have carefully thought and addressed the questions and wish the following answers could bring our article under your consideration for publication on the *World Journal of Clinical Cases*.

Response to reviewer#1 (Reviewer's code: 00057665)

Question 1: What method was used to define the distance between the tumor and the anal verge? Was the same one used in every patient?

Answer: The distance between the tumor and the anal verge was defined by endoscopists, and each patient was measured by the same method. This part has been revised in the *Patients* part of **MATERIALS AND METHODS**.

Question 2: Were sexual practices investigated? Was anal sex practiced by patients?

Answer: Both sexual practices and anal sex practices had not been investigated in this article and we add a comment in the revision.

Question 3: Why were Fisher exact and Mann-Whitney tests used? It should be explained.

Answer: Fisher exact tests were used to assess between-group differences in categorical variables, because the total number of patients was less than 40 and did not meet the demands of chi-square test. Mann-Whitney tests were used to assess between-group differences in numerical variables without normal distribution. We have rewritten this part in the *Statistical Methods* part of **MATERIALS AND METHODS**.

Question 4: Why didn't the authors carry out a multivariable analysis?

Answer: The key reason is that the sample size was too simple to carry out a multivariable analysis. This study was just a pilot study that we do need further investigation about the impact factors influencing anorectal dysfunction and explore the effective therapies for the LARS in patients with mid-low rectal cancer after surgery.

Question 5: Discussion is too long. It should be shortened.

Answer: Discussion has been revised and shortened about 200 words in the **DISCUSSION** part of this article.

Response to reviewer #2 (Reviewer's code: 03468910)

Thanks for your approval comments to our manuscript.

Best Wishes,

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