

Dear Editor-in-Chief

We would like to thank you and the reviewers for taking precious time to review the manuscript and suggest excellent recommendations. The implementation of these recommendations has markedly enhanced the quality of the manuscript tremendously.

We have revised the manuscript as per the suggestions of the esteemed reviewers. However, if there are some shortcomings or any further new suggestions, kindly do let us know. We would be delighted to carry out the changes.

The changes have been highlighted in yellow colour in the revised manuscript and have been included here along with the response to the questions.

Thanking you once again

Pankaj Garg

Corresponding Author, on behalf of all authors

Reviewer's comments

1 Peer-review report

Reviewer #1:

The authors report an interest topic in MRI reporting of Anal fistula. Two novel methods are suggested: (1) sending a small video highlighting vital fistula parameters along with the written MRI report. (2) vital parameter is the amount of external sphincter involvement by the fistula. This parameter is evaluated from the height of penetration of the external anal sphincter (HOPE) by the fistula. MRI report in this way is useful for clinicians. Of course, doctors can also obtain relevant information from PACS. How to provide MRI report to clinicians is one of the problems should be solved.

Ans: We would like to thank the esteemed reviewer for the positive and encouraging comments. As recommended, we have included the suggestion on Page-6.

This format of MRI reporting (including a video) can also be stored on PACS (picture archiving and communication system).^[9, 10] PACS provide storage and convenient access to medical images from where the clinician can see the report, images as well as the video as per their convenience. ^[9, 10]

Reviewer #2: The authors discuss a the how information from a written radiologist report to the surgeon may result in loss of information which may lead to ineffective

treatment either suboptimal healing of anal incompetence as a result of destruction to the external anal sphincter. The describe how a video in addition to the written report and also reporting the HOPE may result in more favorable outcomes in the management of fistula. Paper is well written and concise and expresses how the added information would result in improved clinical outcomes based of procedure patient already have. The text is well written but as this is not a study where you describe methods author may consider removing the titles methods and discussion as they do not appear to be appropriate here (Main text as in the instruction for authors in this kind of paper).

Ans: We would like to thank the esteemed reviewer for the wonderful and encouraging comments. As recommended, we have changed the manuscript accordingly and all the subheadings have been removed.

2 Editorial Office's comments

1) Science Editor: This manuscript provides two methods to avoid the loss of radiologists' expertise in evaluating anal fistula MRI to surgical surgeons: (1) send a small video highlighting important fistula parameters and written MRI reports. (2) life parameters are the amount of external sphincter involvement. This manuscript provides useful information.

Language Quality: Grade A (Priority publishing)

Scientific Quality: Grade B (Very good)

Once again, we thank the reviewers and editorial team of World Journal of Gastrointestinal Surgery for their kind consideration of our manuscript. Please let us know if you feel any issue has not been adequately addressed or if you have any further queries

Yours sincerely,

Pankaj Garg