AUTHORS' RESPONSES TO REVIEWERS' COMMENTS

The authors would like to thank the editor and the reviewers for their constructive critique to improve our manuscript (ID: 79495), titled "**T1 rectal mucinous adenocarcinoma with bilateral enlarged lateral lymph nodes and unilateral metastasis: A case report and brief literature review.**" Those comments are all valuable and very helpful for revising and improving our paper, and provide important guiding significance to our research. We have made every effort to address the issues raised and to respond to all comments. Please, find next a detailed, point-by-point response to the reviewers' comments. We hope that our revisions will meet the editor's and reviewers' expectations.

Comments to authors:

Reviewer #1

1. Very interesting case, just a few corrections

Response: We would like to thank the reviewer for the positive evaluation of our work. Please note that we have made the appropriate revisions to improve the quality of our manuscript. (Lines 87-88;92-94; Page 2-3)

Reviewer #2

1. 36 year old woman for routine PE... underwent colonoscopy right away. Is this a standard protocol or colonoscopy automatically part of the routine PE in your institution. if so, just specify... unless something in the PE warranted AP to further colonoscopy

Response: We would like to thank the reviewer for evaluating our manuscript and for his/her comments. Colonoscopy is not a standard protocol nor automatically a part of the routine PE in our institution. In this case, the patient was asked to undergo colonoscopy during PE.

2. Was Endorectal/anal ultrasound performed?

Response: We would like to thank the reviewer for the question. In this case, a polyp was found in another hospital and the patient underwent ESD. The pathological results in the previous hospital showed the presence of rectal cancer (without cancer residue at the cutting edge) after ESD and, therefore, the patient visited our hospital to see whether further treatment was needed. Pathological consultation in our hospital also confirmed no cancer residue at the cutting edge. Therefore, we did not perform endorectal/anal ultrasound.

3. What type of polyp? What was the Haggits or Kikuchi classification of the polyp?

Response: We would like to thank the reviewer for the question. Colonoscopy reported it was a non-pedicle wide base polyp. We would like to apologize that our pathological results only report the cancer invaded submucosa and without mentioning cancer residue at the cutting edge. It did not report the depth of invasion and, therefore, we could not classify it according to the Kikuchi classification.

4. Why are there references [11] and [12] in your "Imaging examinations". Which is supposed to be your patient, not from another source... also what is 263D --> ".... both located in the distal internal iliac region (263D) ..." was this taken from another source?

Response: Please note that we were referring to our patient. We have just cited these studies to illustrate the region of LLN in the lateral area.

5. Was pelvis MRI performed after seeing suspicious LLNM on CT scan?

Response: We would like to thank the reviewer for the question. In this case, a polyp was found in another hospital and the patient underwent ESD. The pathological results showed rectal cancer (without cancer residue at the cutting edge) after ESD in the previous hospital and, therefore, the patient visited our hospital to see whether further treatment was needed. Pathological consultation in our hospital also confirmed no cancer residue at the cutting edge. Therefore, we did not perform MRI examination. We have provided this information in the revised manuscript as follows:

"We performed abdominal contrast-enhanced computed tomography (CT) and chest CT in this patient, in addition to a pathological consultation. Magnetic resonance imaging of the pelvis was not performed because there was no residual tumor." (Lines 134–137; Page 4)

6. Mesorectal LN, was this a clear CRM or threatened CRM? - NCCN recommendation, cN1 - for NACRT.

Response: We would like to thank the reviewer for the comment. According to imaging features, this mesorectal LN was negative, and this patient had a clear CRM. At the same time, we cannot guarantee that bilaterally enlarged LLNs were metastatic LNs. Therefore we did not perform NACRT. When the left LLNs were determined to be metastatic LN according to the postoperative pathological result, we promptly recommended adjuvant chemoradiotherapy.

7. Include distal and proximal margin of proctectomy specimen

Response: Please note that the distal and proximal margins were both negative. (Lines 156-157; Page 4)

8. Give more meaning to manuscript if you Include the following in your discussion: 1. Optimum radiologic imaging/workup in detecting LLNM in

rectal cancer? (EUS, CT, MRI, PET-SCAN roles?); 2. Mention current NCCN guidelines for N1 rectal cancer preop patients? 3. Difference between the Japanese and Western guidelines on LLND (routine or selective? indication? safety); 4. Why LLND is important in mid and low rectal CA?.. Prognosis with and without LLNM.

Response: We would like to thank the reviewer for the question. In the manuscript, we clearly proposed that the clinical examination of patients with T1 rectal cancer should be improved according to the standard management of advanced rectal cancer. According to the NCCN guidelines, the standard clinical examination includes EUS, abdominal CT, and pelvic MRI, but not routinely including PET-CT, as PET-CT is expensive and its diagnostic value is controversial. The current NCCN guideline does not specify the treatment of T1 rectal cancer with suspected LLNM. Japanese scholars suggest LLND in patients with T1 rectal cancer having suspected LLNM, but Western scholars do not agree with this claim. Therefore, we performed this study to shed light on this issue. At the same time, we have added some discussion about guidelines, necessity of LLND, and prognosis. Please have a further review. (Lines 198-210, Page 5)

In addition, we have accepted the editing service, other revisions in the manuscript were from Editage.