

January 6, 2024

Professor Peter Schemmer, Editor-in-Chief  
*World Journal of Gastrointestinal Surgery*

Dear Professor Schemmer:

Re: Manuscript NO.: 90449, Retrospective Cohort Study Evaluation of bacterial contamination and medium-term oncological outcomes of intracorporeal anastomosis for colon cancer: A propensity score matching analysis

Thank you very much for your letter from December 28, 2023. We found the reviewers' insightful and detailed suggestions most helpful and have revised the manuscript accordingly. Please find the revised manuscript, with changes indicated by underlines, as well as the pages describing our responses to each of the reviewers' points and the corresponding changes. We are now resubmitting this revised manuscript for your consideration for publication in *World Journal of Gastrointestinal Surgery*.

We are sincerely looking forward to hearing from you at your earliest convenience.

Yours sincerely,

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## Point by Point response to Reviewer Evaluations

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

### **Specific Comments to Authors:**

This retrospective, cohort study compared the performance of two surgical technique, EA and IA, in important outcomes after colorectal cancer surgery. The results show that IA has greater application prospects. It is better that the reasons why IA is not currently widely used currently, the advantages and disadvantages of IA and EA in clinical work could be added to the discussion.

Our response:

Thank you very much for your valuable comments.

The following text has been added to the discussion to address the noted concern.

Compared to EA, IA is somewhat more difficult to perform, and the technique of opening the intestinal tract in the abdominal cavity under insufflation may result in bacterial infection and dissemination of tumor cells; therefore, the number of facilities that have introduced IA is limited.

From the above, the advantages and disadvantages of IA in clinical practice shown in the present study are as follows. The advantages in terms of surgical outcomes are reduced blood loss, shortened wound length, and the ability to resect anal side intestine while maintaining an accurate anal bowel distance from the tumor and to anastomose safely. The disadvantage in terms of surgical outcomes is a longer operative time. In the short-term postoperative results, the advantage is early recovery of postoperative bowel movements, and the disadvantage is an increased inflammatory response.

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

**Language Quality:** Grade A (Priority publishing)

**Conclusion:** Accept (General priority)

### **Specific Comments to Authors:**

This is a paper of great clinical significance as it deals with colon cancer surgical techniques and their outcomes and can have a significant effect on how surgeries are performed. Writing, references, and data presentation are satisfactory and methodology is sound as are interpretations. Accept.

Our response:

Thank you very much for your valuable comments.

We are very honored.

In conclusion, we wish to express our gratitude to the reviewers, as their comments gave us the opportunity to include additional detailed information. We believe that their comments have been most helpful in improving the manuscript. Thank you.