

Answering reviewers:

1. Please explain why about 2/3 of patients are male.

As NCDB is coded, there is potential for incompletely coded or miscoded variables which may impact our results which can impact some statistics. One such variable is the incidence of colorectal cancer divided by gender. Per the SEER data, men have a slightly increased lifetime risk of developing colorectal cancer (4.5%) as compared to women (4.15%). This difference in risk may explain why per the NCDB database, roughly 60% of our population was male compared to approximately 40% women. It is imperative to note that though the NCDB accounts for cancer treatment all over the United States, only about 70% of the patients treated for cancer are entered into the database and this may also help us understand why our population had a higher percentage of male patients.

2. Please include in the manuscript a Table describing the protocols used in Neoadjuvant chemoradiotherapy (nCRT), postoperative multi-agent chemotherapy (maChT) and total neoadjuvant therapy (TNT)

Table 2: Different surgery/chemoradiation protocols used per standard guidelines:

Treatment Type	Protocol Used
Neoadjuvant Chemoradiotherapy (nCRT)	50-55Gy/25-28 fx with concurrent 5-FU or capecitabine*
Post-op Multi-agent Chemotherapy (MaChT)	Excisional surgery followed by postoperative (i.e. adjuvant) chemotherapy with 5 - fluorouracil (5 - FU) based regimens*
Total Neoadjuvant Therapy (TNT)	25-35Gy/5 fx followed by CAPOX or FOLFOX chemotherapy

*nCRT and MaChT are usually used in conjunction with each other in traditional chemoradiation therapy