

15<sup>th</sup> June 2020

Thank you very much for your patience with this revision. I am not fully available to work with you and can make any other changes you like.

I have approved all your changes and adjustment in this revision which also addresses the reviewer comments and have now also added PMID and DOI to all the references. I have added the key messages statement too and the other things you ask. I note you would like an editable version of figure 3 but this file seems gone from the online submission system- can you send it to me please.

Finally attached a document regarding a consent, this was waived institutionally as a chart review was all that was needed for this study. It was not a clinical trial of a new technique.

Below too the reply to reviewers

Let me know please what else I can do to help. Please indicate the specific areas for copy-editing that you would like me to do and I can do easily.

Thank you and very best wishes,

Ronan

Review one: John Burke et al (Manuscript Number: 53916) conduct one prospective single-port versus multi-port comparative cohort and case control study to evaluate the "effects of single port colectomy for severe colitis". The authors' results indicated that "single port colectomy is an economical and effective treatment for severe colitis", and the duration and cost should not be barriers for single port colectomy implementation. This finding is interesting because a new pathway was revealed for severe colitis, is characterized by intestinal inflammation leading to damage to the intestinal mucosa. The results and conclusions of this study have important clinical significance, and worth promoting and further clinical validation in patients with severe colitis. The content of the article is corresponding well to the title. This work reported here is interesting. The quality of logic and presentation of the key idea, experiment design, data analysis and discussion are not bad. I recommend publishing this work. However, the following minor modifications need be done:

1) The full text needs to be simplified, refined, and meaningless sentences should be deleted.

This has been done

2) On the section of Introduction, the authors should describe the information of question, objectives, approaches, research plan, and significance more clearly.

This has been done

3) On the section of Data Collection and Analysis, it is better to use parametric methods, like the t-test, which will also produce the observed mean difference between the groups, with a 95% confidence interval (CI). This is useful and important information: it shows the size and direction of the observed effect, with the precision of the estimated difference; such information is crucial to determine whether the results are clinically relevant.

This has been done

4) On the section of Results, please delete the redundancy sentences when the tables or figures have clearly showed the same information, and the value of the statistical analysis should be written in the corresponding tables (such as,  $p=?$  and  $t=?$  and so on) for multiple or pair-wise comparisons test.

This has been done

5) On the section of Discussion, the main findings, limitations, and authors' insights should be present more clearly and shortly.

This has been done

6) The Table, Figure, Reference, and special symbols must fit the journal's requirements or format.

This has been done

Re Reviewer 2

I would like to congratulate the Authors on this interesting article and their enormous experience in this field. The manuscript is easy to read and of particular interest for minimally invasive colorectal surgeons. Some Points came up: Morbidity and Mortality sections: 1. Who are your colorectal surgeons (the authors?)

Yes the authors

2. Did R.C. perform only single port cases?

No but did do all of the single port cases

3. Did you not use bowel preparation in all patients or only in some? How many received preparation?

No, as acute cases we do not use preoperative bowel prep

4. What is the trocar site in MP surgery?

Camera access at the umbilical area and other ports placed to the flanks

5. How often did you extract the specimen at what site?

For single port cases, the specimen is extracted at the ileostomy site

6. What is your criteria for single port or Multi port surgery?

All patients were considered for single port surgery.

Availability of the single port surgeon? Always available

Re Reviewer 3

A very well drafted article

Thank you!