Dear Jin-Lei Wang, Company Editor-in-Chief, Editorial Office

Thank you for your interest in our manuscript. We have revised it based on the reviewers' comments, and I am submitting the revised manuscript. Our responses to the reviewers' comments follow.

Reviewer: 1

We thank reviewers for their suggestions and for their serious reading of our manuscript. Their suggestions greatly improved it.

Comment 1:This is an ineresting study about the anastomotic stoma characteristics in repeated surgeries for Crohn's disease. This study is very interesting, and well designed. A minor editing is required.

Our response: Thank you for your critical reviews, we have revised the manuscript in our revised manuscript.

Reviewer: 2

We thank reviewers for their suggestions and for their serious reading of our manuscript. Their suggestions greatly improved it.

Comment 1:The title is "Anastomotic stoma characteristics in repeated surgeries for Crohn's disease", but the main aim of the study was to compare the clinical characteristics between the first, second and third surgeries, and to analyze correlations of the perforating and nonperforating indications. Besides that, the authors described the anastomotic lesions such as the recurrence of the disease and not necessary all anastomoses are stomas. I suggest a revision of the title.

Our response: Thank you for your critical reviews, we have revised the title in our revised manuscript.

Comment 2:By my understanding, an anastomotic stoma occurs when the surgeon brings the proximal and distal loop together and proceed to the anastomosis of the posterior wall. The anterior wall of the anastomosis remains open and is then fixed to the abdominal wall as a stoma. Please define anastomotic stoma that was considered in the article.

Our response: Thank you for your critical reviews, we have changed the word. It's our fault, anastomotic stoma is not the correct description. We have changed "anastomotic stoma" with "anastomosis".

Comment 3: All references are older than 10 years. Since the authors cited the epidemiology and rates of IBD surgery and reoperation rates, I suggest updating the data with more recent references, as rates of surgery likely changed after the advent of biological therapy. Please state the novelty of the study or the contributions to the literature in the end of the Introduction section.

Our response: Thank you for your critical reviews, we have changed references

and described the use of drugs in the treatment of CD. We have changed the manuscript under the introduction section: "Antitumor necrosis factor-α (TNF-α) therapy has improved the medical management of inflammatory diseases""Despite advances in medical therapy for CD (such as anti-tumor necrosis factor antibodies and immunosuppressive drugs), especially anti-tumor necrosis factor antibodies can effectively promote the healing of intestinal mucosa and reduce the operation risk and hospitalization rate. However, in clinical practice, up to 30% of patients have loss of response for biological therapy. Most CD patients still require a partial bowel resection at least once during the CD course"

Comment 4:- Table 1 shows a low number of patients using biological therapy, even before the second or third surgery. If we consider that the need for intestinal resection is one of the main risk factors for recurrence and the need for a new resection, it is estimated that the number of patients using biological therapy would be greater after the first surgery, which was not observed.
Our response: Thank you for your critical reviews, in the univariate analysis and multivariate analysis, biological therapy didn't significantly affect the outcome of recurrence and the need for a new resection.

Comment 5:One bias of this analysis is the fact that we do not have data of the patients who underwent the first surgery but did not undergo the second surgery, perhaps due to the greater frequency of use of drugs that change the natural history of the disease, such as the biological therapy.
Our response: Thank you for your critical reviews, table 1 included data of the patients who underwent the first surgery but did not undergo the second surgery. In the univariate analysis and multivariate analysis, use of drugs and biological therapy didn't significantly affect the outcome of reoperation.

Comment 6- I suggest to the authors to discuss more the risk factors to recurrence in the Discussion section. There is a lack of discussion about drugs in the prevention of recurrence, such the use of biological therapy.
Our response: Thank you for your critical reviews, we have changed the manuscript under the discussion section: "Anti-tumor necrosis factor antibodies has been proven for preventing postoperative recurrence. However, Infliximab therapy didn't significantly affect the outcome of postoperative recurrence in the univariate and multivariate analysis in our study."

Comment 7- How is the drug treatment of patients who need a resection surgery for CD? Do patients use immunomodulators? Biological therapy?
Our response: Thank you for your critical reviews, table 1 included clinical characteristics of drug treatment.

Comment 8-How much time do you repeat colonoscopy after surgery? What protocol

do you follow in your country? These are important aspects that influence the recurrence of the disease in the postoperative period and were not mentioned in the text

Our response: Thank you for your critical reviews, endoscopies were performed 3 months, 6 months and every year after surgery.

Comment 9-Besides that, I suggest not repeating the results of the study in the discussion section.

Our response: Thank you for your critical reviews, we have changed the discussion section.

EDITORIAL OFFICE'S COMMENTS

(1) Science editor:

Comment 1: First, the title and content of the article do not match, please modify accordingly.

Our response: Thank you for your critical reviews, we have revised the title in our revised manuscript.

Comment 2: Second, the descriptions of anastomotic stoma in the paper are inconsistent with those in our clinic. Please provide a clear definition for anastomotic stoma.

Our response: Thank you for your critical reviews, we have changed the word. It's our fault, anastomotic stoma is not the correct description. We have changed "anastomotic stoma" with "anastomosis".

Comment 3: The third, all the references are more than 10 years old. Please refer to the latest research data.

Our response: Thank you for your critical reviews, we have changed references

(2) Company editor-in-chief:

Comment 1: I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before its final acceptance, the author(s) must provide the Institutional Review Board Approval Form or Document in Chinese. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table

lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Our response: Thank you for your critical reviews, we have provided all documents.