

## Response to Reviewers

The authors reported an interesting case of painless chronic intussusception with recurrent lymphoma. This paper is interesting, however, there are some points to be clearly or change before publication  
Comment;

1. The authors described the medical history of this case, In the Clinical observations section. Although they reported detailed medical history, this part is too redundant. The authors should describe more briefly. *The length of the Clinical Observation section has been shortened.*
2. This case had the cecal intussusception due to recurrent lymphoma. And the authors showed only colonoscopy and CT findings. Are there any findings of gastrografen or barium enema? This examination can show the characteristic findings of stenosis or obstruction. *Because the colonoscopy showed a large tumor obstructing the colonic lumen the CT scan was performed to determine the extent of the mass. Intussusception was found with the CT scan. Further diagnostic studies were not performed as the diagnosis was established. It was elected not to perform therapeutic contrast enema as it was decided that the intussusception was not reducible due to the tumor.*
3. The authors performed palliative right hemicolectomy after chemotherapy. How long is the withdrawal period after chemotherapy? *This information has been incorporated into the manuscript.*
4. Why did the authors perform the palliative surgery? The patient seemed to have no clinical symptoms such as abdominal pain or obstruction. Minor comment; 1. In the Case presentation section, 3rd paragraph, 'The patient was scheduled for.....three D173ay later.' is typo. *The typo has been fixed.*