

Point-by-point answers to reviewers' comments:

The authors would like to thank the editors and the reviewers for their valuable comments that have helped improve the quality of the manuscript; we greatly appreciate your time. We have attempted to address all the concerns that the reviewers raised, revised and modified the paper accordingly as shown in track change revised version of the manuscript. The paper has been shortened and a native English-speaking co-author has revised the language and grammar to improve the quality of the manuscript as suggested. Below are point-by-point responses to the reviewers' comments:

Reviewer1

The manuscript entitled " Title: Patients with Crohn's disease have an increased length of stay at hospital after bowel resection compared to patients with colon cancer but no difference in complications' rate " reviewed. The manuscript designed and structured well. - Title is suitable. - Abstract is appropriate. Abbreviations in first use should be in completed form in abstract part. Some typographic mistakes exist in the text. Please check whole manuscript. - Key words are suitable. - Background is well.

Thanks

Some typographic mistakes exist in the text. Please check whole manuscript.

This has been corrected in the manuscript and corrections are marked with yellow shadow in the manuscript.

Methods designed well. Inclusion or exclusion criteria have not mentioned properly in method.

This is a sub-set of data of the audit. The inclusion and exclusion criteria are well-documented in the main study from the audit to which the authors have referred. This has been pointed out in the manuscript

Authors should add references for outcome measures in method part.

This has been corrected in the manuscript

Results: Authors only mentioned to percentage of patients which completed research. It is better to add the number of patients in result in addition to percentage.

This is a percentage of completeness rate in data entry and it is built on how complete was data entry. It is not related to the number of participating patients.

Discussion is appropriate. - Illustrations and tables: Abbreviation used in tables should be explained in legends.

This has been corrected in the manuscript

Reviewer 2:

This author investigated differences in perioperative factors and their impact on postoperative outcomes in patients with colon cancer and Crohn's disease undergoing right hemicolectomy or ileocecal resection in a setting of multi-centre snapshot audit. They found patients with Crohn's disease were younger, had lower ASA grade and less comorbidity. The risk of postoperative complications was similar in the two groups. Patients with Crohn's disease had a significantly longer length of stay. The reason was unknown. Generally, the manuscript is well written. Some revisions may be needed;

Thanks

1.The title seems a little longer. (29 words)

Title is now reduced in length while keeping it as informative as possible.

2.The median LOS was similar between the two groups. Is the Geometric mean methods suitable for the analysis?

Good point. In univariate there was no difference but after adjustment for covariates there was a significant difference. The type of data dictated the choice of method in logistic regression analysis which was performed by a statistician. This was explained in the manuscript.

3.What were the details of unplanned intraoperative adverse events (UIAE)?

A supplementary file with details of the UIAEs was submitted.

4.What were the methods for bowel anastomosis?

Details explained in the main study and the following study about stapling techniques. The authors

referred to this in the manuscript.

5. For CD surgery, authors should mention the indications for surgery (stricturing or penetrating disease), pre-operative medications, pre-operative optimization.

All these details are published in the study which included CD cohort. The authors referred to this study in the manuscript where appropriate.

6. What were the indications for critical care unit admission and discharge?

Criteria for admission to critical care unit were left to the participating departments' routine practice. This has been pointed out in the manuscript

What were the reasons for CC death (2.3%)?

Details of death and complications are explained in the CC cohort (study in press). This has been pointed out in the manuscript

Which postoperative days for CRP levels?

Within first three days

Why were the preoperative creatinine so high in CC patients?

This was not investigated in individual patients in the cohort but comorbidity might explain this.

7. Figure 2 was not mentioned in the paper.

This has been corrected in the manuscript

8. "However, it is still possible that more specific." The sentence is not complete.

This has been corrected in the manuscript

9. In the conclusion, "Patients with Crohn's Disease underwent less extensive surgery" may be not right, considering CD patients often have multiple lesions and internal fistulas involving different segments.

This has been corrected in the manuscript