

Dear editors and reviewers,

Thank you for your efforts and advice. Here is the point-to-point response.

Reviewer #1:

[1] Due to the broad diagnostic criteria of gastritis, patients with transverse colon cancer which manifested as upper abdominal pain were sometimes diagnosed as chronic superficial gastritis after gastroscopy. "chronic superficial gastritis" is histopathological diagnosis, it can co-exist with TCC.

[2] "locate at lower appendicitis even pelvic cavity" Not clear- need to rephrase.

[3] "According to published studies, 5-year survival rate was around 28%-50%, which is obviously poor than other colorectal tumors" Better to give proper % vis-à-vis with right, left colon and rectal cancers.

[4] "lymph node metastasis will happen at both the superior and inferior mesenteric arterial branches" This statement may be true for tumors towards middle of TC/splenic flexure- not for isolated hepatic flexure. Explain.

[5] "En-bloc resection without residual tumor" Use simple words like 'enbloc resection of tumor'/also, can mention amount of margin in regard to differentiation of the tumor.

[6] "The number of harvested lymph nodes is regarded as vital symbol" Explain ideal harvest.

[7] "coloscopy" Use standard words as colonoscopy.

[8] Figure 1 focuses on Transverse colectomy. As most authors have used extended right colectomy or left colectomy, this figure does not make any sense unless the tumor location/size is mentioned along with surgery done.

[9] References should be as per guidelines of the journal. Reference 1 has many author names.

[10] Include a paragraph about limitations in this review.

RESPONSE:

Comment [1]: Thank you for your advice. We deleted the sentence and re-edit the paragraph as follow: In clinical practice, symptoms and signs of transverse colon cancer are not specific. Abdominal discomfort which is difficult to locate might be the first complaint and generally found in advanced stage, notably, some patients' transverse colon has great mobility, and locate at appendix plane even pelvic cavity. Thus, gastritis, appendicitis, oophoritis, and other genitourinary diseases were often confused with transverse colon cancer.

Comment [2]: I am very sorry for my unclear narration. We have corrected the sentence as "some patients' transverse colon has great mobility, and locate at appendix plane even pelvic cavity."

Comment [3]: Thanks for your advice, we tried our best to find the robust evidence of 5-year survival rate of left/ right-side colon but no proper data were found. If you have any advice, we will be grateful and added the data as soon as possible. Thanks again!

Comment [4]: I apologized for my inaccurate words. Generally, transverse colon cancer was defined as tumors located between hepatic and splenic flexure [2], so we corrected the sentence as “lymph node metastasis will happen at both the superior and inferior mesenteric arterial branches in TCC patients, especially the splenic flexure cancers”.

Comment [5]: Thanks for your revision. We have already corrected the sentence as “En-bloc resection of tumor is the radical therapy of transverse colon cancer as other colorectal cancers”.

Comment [6]: Thanks for your advice. We have corrected the sentence as “The number of harvested lymph nodes (generally, at least 15) is regarded as vital symbol of surgical quality and prognosis”.

Comment [7]: I am grateful for your careful revision, and we have corrected all the “coloscopy” as “colonoscopy”.

Comment [8]: In Figure 1, we strictly included transverse colon cancer patients following the definition that “transverse colon cancer (TCC) is defined as tumors located between hepatic and splenic flexures”.

Comment [9]: Thanks for your careful revision. According to author guideline (List all authors and include the PMID and DOI, where applicable), we have made a check and correct the inappropriate reference format.

Comment [10]: Thanks for your advice. We have added a paragraph about limitations.

Reviewer #2:

[1] Concerning the abstract, it would be preferable not just to copy the text as it is from the manuscript, but to use other words instead. There are too many repeated phrases, over and over, that make it difficult for the reader to stay focused on the article. Perhaps the abstract should end after "...a heatmap to show the evidence level and gap"; the text that follows is referred to the study's results and discussion sections.

[2] Keywords such as "transverse colectomy" and " extended colectomy" should be added.

[3] The structure of the manuscript needs improvement as well. It should be as follows: Introduction, Methods, Results, Discussion and Conclusion.

[4] The authors do not describe at all their methodology and how they conducted a heatmap (figure1); perhaps a small paragraph describing the basic steps that authors followed, regarding the literature review (inclusion/exclusion criteria, date criteria) is in order. Subsequently, the "results" section with figure 1 and its interpretation in the "discussion" should follow.

[5] The 2nd and 3rd paragraphs of the introduction have no references; please add them.

RESPONSE:

Comment [1]: Thank you, and we have revised the abstract following your

advice.

Comment [2]: Thanks for your advice, and we have added the two keywords.

Comment [3]: Following the BPG guideline of mini-review, we edited the current typeset of this manuscript. If necessary, I will correct the format according to your advice.

Comment [4]: Thanks for your advice. We added a paragraph to describe the literature search, inclusion/ exclusion criteria, and software of heatmap. Accordingly, we described the significance of heatmap in "Evidence and gap map" section.

Comment [5]: Thanks for your advice. I have added the corrected reference.

Overall, we are really grateful to both the editors and reviewers for your work. If there is any question, please contact us as soon as possible.

Thank you and best regards.

Yours sincerely,

Chen Li

Feb 26, 2021