

Reviewer #1:

Scientific Quality: Grade D (Fair)

Language Quality: Grade C (A great deal of language polishing)

Conclusion: Major revision

Specific Comments to Authors: Dear authors u have done good job with a very important topic in the surgical feind but u need to revise ur manuscript carefully and check the following points

1. In backround section u didn't mention the type of surgery that is risk for this disease

Response: Thanks for your suggestion. Surgical complications included duodenal leakage (major complication). 2. Tumor recurrence; 3. Anastomotic leakage; 4. Anastomotic bleeding

2. In keywords section u have to correct the word ; colonic liver cancer because liver has nothing in this study

Response: Thanks for your advice. The English translation of disease is hepatic colon carcinoma. **PS:** Hepatocolon is a cancer of the colon that grows in the part of the colon near the liver.

3. In introduction section ‘‘The main reason is the relatively high risk of surgery and the obviously high probability of complications, including fatal complications (duodenal leakage),,. **Despite the grammatical error in this sentence , complications should be mentioned and the word in between brackets is not the only complication and should not be equal to fatal complication In this case ,they give up the treatment of duodenal lesions, and perform a palliative right-side colon resection, which affects these patients 3 and 5 years survival rates ** the above sentence mentions that surgeons gave up for the treatment of this disease and still mentioning surgical intervention they do . That should be revised and correct treatment of duodenal defect will be used to help improve the condition or reduce postoperative complications. **Where the duodenal defect that is mentioned coming from and what does it stand for?

Response: Thanks for your suggestion. duodenal leakage is not the only complication. We will change our expression duodenal leakage to eg.duodenal leakage. Also we delete the words "fatal complications" and replace them with "severe complications." The duodenal defect occurs after surgical removal of the duodenal tissue invaded by the colon tumor and some surrounding normal tissue. It represents the partial resection of the duodenum, and it also indicates that we have to face a series of problems with the partial resection of the duodenum.

4. The abstract should mention about chemotherapy

Response: Thanks for your advice. Locally advanced colon cancer can be treated with preoperative chemotherapy, making the local tumor downstage. The tumor of T4b was routinely treated with chemotherapy. CapeOX or mFolfox6 can be used for preoperative or postoperative chemotherapy.

Reviewer #2:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This is a very interesting paper, but since it is a difficult procedure, generalization will be a problem in the future.

Response: Thanks. The treatment of colon cancer invading the duodenum is indeed a difficult problem. There is no universally agreed treatment plan. However, it is not completely unknown. In clinical practice, the degree of invasion of duodenum by flexocarcinoma of colon and liver can be divided into two types, one is local infiltrating type, the other is extensive infiltrating type or cancerous perforation with internal fistula formation. According to the different degree of invasion, duodenal lesions are generally treated in the following ways: 1. Palliative surgery, 2. Segmental resection of invasive lesion, 3. Focal resection of invasive lesion. Multiple studies have confirmed that colon cancer with duodenal invasion is resectable and safe. However, different surgeons have different views on the grasp of different surgical methods, the treatment of specific details after duodenectomy, and the reconstruction of digestive tract. This step of regulation is necessarily a long process. However, the treatment of colon cancer with duodenal invasion is directed and targeted.