

Reviewer #1

The authors evaluated the bowel function and quality of life of right-sided colon cancer patients after minimally invasive colectomy with D3 lymphadenectomy, which is meaningful. However, there are some main issues here:

Q1. Pathological types of colon cancer affect the treatment and prognosis, as well as the life quality of the patients. So actually the authors are only talking about adenocarcinoma, this should be reflected in the title, conclusion and discussion.

A1. Thank you for your important comment. We modified it to reflect your opinion. (Title and in the 1st and last paragraph in Discussion section).

Q2. Some patients need preoperative or postoperative chemotherapy due to the stages, in this paper, from table 2 it seems that there were no patients received preoperative chemotherapy? How many patients received postoperative chemotherapy, all of them? Among those who did or didn't receive chemotherapy, were there any differences in QOL and bowel function?

A2. There was no patient who received preoperative chemotherapy in this study. A total of 18 patients received postoperative chemotherapy, and we described it additionally (1st paragraph in Results section). We have also added the content for chemotherapy to the Methods section (2nd paragraph). The chemotherapy performed by each period is shown in Table 2, and results by the regimen was also added. Statistical values for the relationship between chemotherapy and QOL and bowel function are shown as $p^{\square\square}$ in Table 2. Insomnia and total symptoms scale were found to be significantly related to postoperative chemotherapy and this is described in the Results section (2nd paragraph in Results section).

Q3. In table 5, why did the authors choose "six months after surgery"?

A3. As described in the 5th paragraph of the Results section, there were no significant factors affecting bowel dysfunction at other times. Significant results were revealed only at 6 months, and we shows the results in Table 5 and the Results section.

Reviewer #2

The bowel function is often neglected in patients underwent right-sided colectomy. In this study, the author investigated changes in bowel function and associated alterations in QOL after right-

sided colectomy with D3 lymphadenectomy. Various factors and relationships between QOL and bowel functions were noted. It's helpful to the clinic.

Q1. As the author realized, the cases in the study was limited. And it was reported in the manuscript, about 35-40% of the patients received chemotherapy, the chemotherapeutic regimens and its influence on bowel function should be described and analyzed.

A1. Thanks for the good comment. We added in Table 2 for the chemotherapy regimen. Since most patients who received chemotherapy used the FOLFOX regimen, there was no significant difference in the results according to the regimen. We have further described this in the 2nd paragraph in the Results section.

Reviewer #3

Q1. The conclusion is not supported by the data. The study was a retrospective study on a few representative study population. Furthermore functional results should be better analyses by a manometric evaluation.

A1. Thank you for your valuable comments. According to your opinion, we removed the last paragraph of the conclusion. Unfortunately, our institution does not perform anal manometry for the measurement of bowel function, because some studies have reported that manometric results and bowel functional outcomes do not correlated well.

(1) Science Editor. 1 Scientific quality: The manuscript describes a retrospective study of the bowel function after right colectomy. The topic is within the scope of the WJG. (1) Classification: Grade C, Grade C and Grade D; (2) Summary of the Peer-Review Report: The authors evaluated the bowel function and quality of life of right-sided colon cancer patients after minimally invasive colectomy with D3 lymphadenectomy, which is meaningful. However, there are some issues should be addressed. The cases in the study was limited. And it was reported in the manuscript, about 35-40% of the patients received chemotherapy, the chemotherapeutic regimens and its influence on bowel function should be described and analyzed. The questions raised by the reviewers should be answered; and (3) Format: There are 5 tables and 1 figure. A total of 23 references are cited, including 3 references published in the last 3 years. There are no self-citations. 2 Language evaluation: Classification: Grade B, Grade B and Grade C. Although the authors provided the language editing certificate, the language needs to be further improved. 3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement, the Institutional Review Board Approval Form, and the informed consent. No academic misconduct was found in the CrossCheck detection and Bing search. 4

Supplementary comments: This is an unsolicited manuscript. The study is without financial support. The topic has not previously been published in the WJG. The corresponding author has not published articles in the BPG. **5 Issues raised: (1) I found no “Author contribution” section. Please provide the author contributions; We added the author contributions in the Title page. (2) I found the authors did not provide the original figures. 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; We provide the PPT file including all graphs. and (3) I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text. We added the core tip at the foot of the Abstract.**
6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

(2) Editorial Office Director. I have checked the comments written by the science editor.

(3) Company Editor-in-Chief. I have reviewed the Peer-Review Report, the full text of the manuscript, the relevant ethics documents, and the English Language Certificate, all of which have met the basic publishing requirements of the World Journal of Gastroenterology, 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.

Core tip In patients who underwent right-sided colectomy, bowel function and quality of life have been mostly well preserved. Although concerns about functional outcomes were raised since the complete mesocolic excision was widely applied, the problems are not significant in the patients, too. Approximately 10% of patients continue to need medication, and we need to pay attention to these patients.

In cases of postoperative stage 2 disease with risk factors or stage 3 disease, oxaliplatin-based adjuvant chemotherapy (FOLFOX4 regimen) for 8-12 cycles or 5-fluorouracil with leucovorin (FL regimen) for 6 cycles was performed.

No patients received chemotherapy before surgery, and 18 patients received chemotherapy after surgery (31.6%).

There was no difference in the results according to the chemotherapy regimen.