

Reviewer #1: Thank you for allowing me the opportunity to review the manuscript titled: "Diverting colostomy is an effective and reversible option for severe hemorrhagic radiation proctopathy." The authors report that the diverting colostomy is associated with a significantly higher bleeding remission rate than conservative treatment. They further assert that this procedure can achieve high colostomy reversal rates with improved quality of life of patients. I found this paper to be well-written and engaging; however, some points require clarification. The issues that are listed below must be addressed before the paper can be considered for publication. Sincerely, Koichi Taira Department of Gastroenterology, Osaka City University Graduate School of Medicine

Major comments: 1. The authors need to explain the various complications associated with colostomy.

Response: Thanks, that is a good point. We have added the explains in the 2nd paragraph of Discussion part as follows:
"Stoma complications occurred in 21% of cases including one parastomal hernia due to weaken abdominal wall of parastomal zone, one stoma prolapse due to overlength of pulled intestine at stoma creation, and one stoma obstruction due to stricture. All of these complications were recovered after stoma reversals.

According to the literature, the common complication rate of stoma usually occurs in 20-50% of cases 28, and the complication rate of stoma in this study is acceptable.”

2. The authors should state, as a limitation, that EUS, MRI and anorectal manometry were all performed on patients undergoing colostomy reversal.

Response: Thanks for this good suggestion. We have added this state in the last paragraph of Discussion part as follows:

“Lastly, EUS, MRI and anorectal manometry were only performed on patients undergoing colostomy reversal as a limitation.”

Minor comments: 1. Please mention the number of people, n=44, in Figure 1. 2. I think that 36 cases are mistake and correctly 32 cases (Page 7, Line 3). 3. The authors mention that 13 patients presented with severe anemia and should, therefore, change 14 to 13 (Page 8, Line 7). 4. Please provide the number of patients who underwent EUS (Page 9, Line 2).

Response: Thanks for your careful check and these minor comments. We have all revised in the manuscript and mention the number of 44 patients in Figure 1.

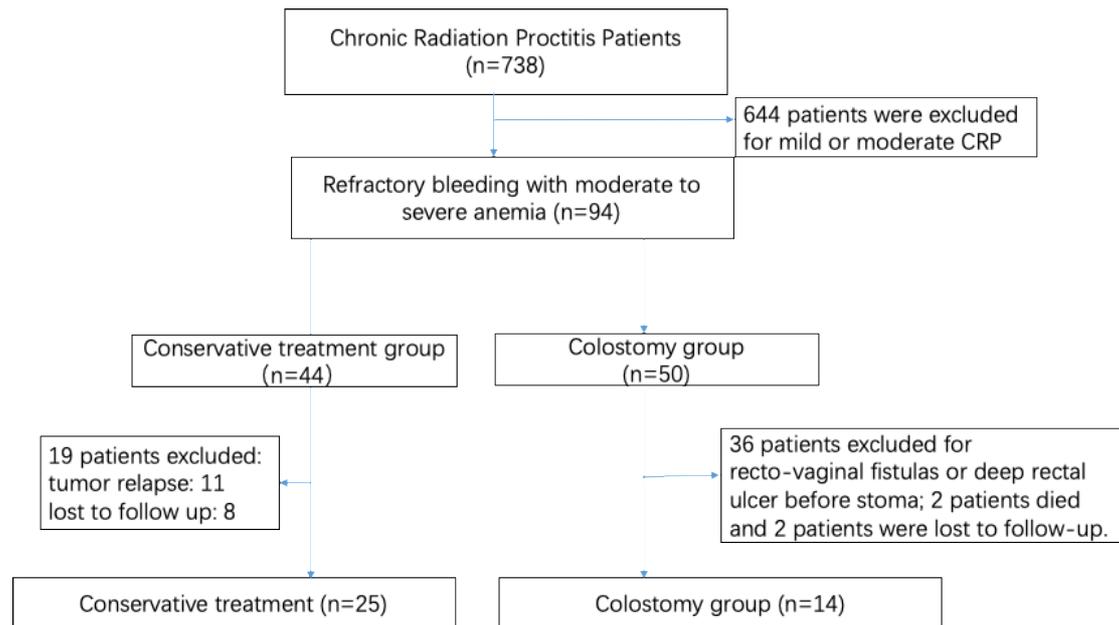


Figure 1 Flow chart of patient selection.

Reviewer #2: Dear Editor Thank you for asking me to review the manuscript. I would like to propose the following amendment; if the authors perform intention to treat analysis of the whole sample of the 50 colostomies and compare its results with the cohort of the 14 investigated patients will present more pragmatic picture of the topic.

Response: Thanks for the comments. We have added the intention-to-treat of the whole sample of 50 colostomies and compare these results with 14 investigated colostomy patients. These revisions were added in the Result part and Table 1 as follows:

“No significant differences of age, sex, type of primary tumor, and radiation dosage were found between diverting colostomy group and

conservative treatment group, and between ITT colostomy group and colostomy group (Table 1). In the ITT group, no postoperative follow-ups were conducted beside these 14 investigated colostomy patients. Higher bleeding scores ($P=0.033$) and relative decreased preoperative Hb levels ($P=0.051$, although no significant difference) were found in diverting colostomy group, comparing to ITT group, because other 36 patients of ITT group underwent colostomy for recto-vaginal fistulas or deep rectal ulcer instead of severe bleeding.”