

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** Dear Editor, Thanks to the authors for this good study. I have three questions to the authors:

**Q1. The authors reported that "Patients with CRC in their 40s showed significantly more numerous metastatic lesions". How do the authors explain this differences from other two groups.**

A1. Thank you for raising this good point. In fact, it was difficult to determine clear causality in our study, and we were only able to confirm there was a difference in patient and tumor characteristics between the three groups. Therefore, the causal relationship of the results presented in this study is mostly our conjecture. According to our hypothesis, the reason why metastatic lesions were more numerous in CRC patients in their 40s than in their 50s is that because of the current surveillance guidelines starting from their 50s, patients in their 40s usually do not have a regular colonoscopic surveillance and CRC may be found in the late period when symptoms are developed. However, it is somewhat surprising that there are more metastases in those in their 40s than those in their 30s. One hypothesis is that some of the patients with CRC in their 30s have been diagnosed with FAP or HNPCC by themselves or their family members, and early CRC may have been detected in surveillance colonoscopy or prophylactically resected specimens. We have added these points to the 5th paragraph of the Discussion.

**Q2. The authors reported that "people in the 40s have an important socioeconomic role, so the increase in CRC patients..." People in the 30s and 50s have no socioeconomic problems, have they? I think all the people have some problems. Please, explain this difference.**

A2. Of course, the socioeconomic roles of those in their 30s and 50s are as important as those in their 40s, and if CRC occurs in them, the socioeconomic problems can become serious. We corrected the misleading text in the last paragraph of the Introduction.

**Q3. The authors reported that "While genetic factors are the major cause of CRC in patients under the age of 40, patients in their 40s have had relatively long periods of exposure to environmental factors, so the importance of environmental factors is relatively high". However, people in the 50s have had longer periods of exposure to environmental factors than people**

**in the 40s. I think that there is a contradiction. Please explain this condition.**

A3. As the reviewer said, the environmental factors for CRC occurrence play a more important role in those in their 40s than those in their 30s, and in those in their 50s than those in their 40s. That said, in our opinion, the sentence in the 2<sup>nd</sup> paragraph of the Discussion focuses only on patients in their 40s and so does not conflict with the facts.

## **EDITORIAL OFFICE'S COMMENTS**

### **(1) *Science editor:***

1 Scientific quality: The manuscript describes a Retrospective Study of the Clinical characteristics of patients in their forties who underwent surgical resection for colorectal cancer: The topic is within the scope of the WJG.

(1) Classification: Grade C;

(2) Summary of the Peer-Review Report: The authors did a good study, some sentences need to be further explained. The questions raised by the reviewers should be answered; 네 알겠습니다.

(3) Format: There are 4 tables and 2 figures;

(4) References: A total of 19 references are cited, including 10 references published in the last 3 years;

(5) Self-cited references: There is no self-cited reference; and

(6) References recommendations (kindly remind): The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially references published by the peer reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to [editorialoffice@wjgnet.com](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade B. A language editing certificate issued by eWorldEditing was provided.

3 Academic norms and rules: The authors provided the Biostatistics Review Certificate, the Institutional Review Board Approval Form and Written informed consent. No academic misconduct was found in the Bing search.

4 Supplementary comments: No financial support was obtained for the study. The topic has not previously been published in the WJG.

5 Issues raised:

**Q1. The authors did not provide original pictures. 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;**

A1. We will prepare the original pictures in a PPT file and submit it.

**Q2. The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text.**

A2. We added the "Article Highlights" section at the end of the main text.

6 Recommendation: Conditional acceptance.

**(2) Editorial office director:**

**(3) Company editor-in-chief:** I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, 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.

**Q3. The title of the manuscript is too long and must be shortened to meet the requirement of the journal (Title: The title should be no more than 18 words).**

A3. We shortened the title to 18 words or less.