

Responses to the comments of Reviewer #1:

Specific Comments to Authors:

- Abbreviations not all explained. e.g. DR
- Authors must argue more cautiously, the quality of the TME must also be specified
- The prognosis may be better if more than 12 lymph nodes are removed, but the initial situation before adjuvant therapy is not described (Tumor stage, radiation dose, time between adjuvant therapy and surgery).
- Whether the collectives are comparable is completely open.
- The authors need to argue more cautiously: dissecting at least 12 LNs after neoadjuvant therapy may improve the patients' OS, DFS, and DR.

Responses:

First of all, I am very grateful to the professor who helped me review the manuscript. Your comments have been of great help to my paper.

Below is my response:

- 1. I have revised my manuscript and checked to make sure all acronyms are explained.**

- 2. I very much agree with the reviewer's opinion. We should limit the quality of TME to standard TME. Because the quality of TME has a great influence on lymph node production and patient prognosis. We have revised the TME section discussed in this article. In future clinical studies, we should also pay attention to treating patients in accordance with standard TME.**

- 3. I very much agree with the reviewers' opinions. In the study, the patient's tumor grade before neoadjuvant treatment and the interval between neoadjuvant treatment and surgery are very important to the study. However, the existing research data included in my analysis does not have this part of the data or the data is incomplete. Our future clinical and the research should include the patient's preoperative tumor grade and some basic conditions into the analysis. The radiation dose is extracted in Table 1.**

- 4. Within the time limit of my literature search (January 1, 2000-January 1, 2020), studies that meet the inclusion criteria have been fully included for Meta-analysis.**

- 5. I very much agree with the reviewers' opinions, because there are many factors that affect the prognosis of rectal cancer. We changed the conclusion to: dissecting at least 12 LNs after neoadjuvant therapy may improve the patient's OS, DFS and DR.**