

Dear editor,

We would like to thank you for your insightful comments and apologize for the delay in sending the revised manuscript back. Our responses to your comments are as follow :

***To the Reviewer #1:***

**Thank you very much for your kind and meaningful evaluation of our manuscript.**

***To the Reviewer #2:***

**Comment 1:**The authors did hard work to validate the Moroccan Arabic version of the EORTC Colorectal (CR29) module. A minor issue, the radiation therapy(RT) is indicated only for rectal cancer, so, the percentage of RT better expressed only in rectal cancer patients. How about adjuvant(not neoadjuvant) RT? were there any rectal cancer patients who have received adjuvant RT?

**Response to comment 1:**

We totally agree with your comment, this was added to the manuscript.

However we do not perform adjuvant Radiotherapy according to Moroccan guidelines.

***To the Reviewer #3:***

**We first would like to thank you for the time spent reviewing our manuscript**

**Specific Comments to Authors:** It's a single-center observational study to validate the Moroccan Arabic version of EORTC QLQ CR29. Conventional indicators such as Cronbach's alpha coefficient, ICCs and validity were used to evaluate the questionnaire and many similar studies have been reported. In addition, there are several issues in this paper:

**Comment 1:** Section-Abstract 1.In "Methods" section, spelling error "QLQ C330" should be corrected.

**Response to Comment 1:** in this section : the spelling was corrected.

**Comment 2:** Section-Methods 1.In "Description of the instruments" section, whether the subtitle "The EORTC QLQ-C30" needs to be added, like "The EORTC QLQ-CR29"?

**Response to Comment 2:** a subtitle EORTC QLQ-C30 was added.

**Comment 3:** 2.The paper mentioned that the adaptation of the Moroccan Arabic version of EORTC QLQ CR29 was performed on a very limited sample size of 120 patients, but the study still has a relatively small sample size of 221 patients.

**Response to Comment 3:** Although the size of 221 patients seemed to be small however the validation only needs more than 150 patients. This was stated in the methods section as requested.

**Comment 4:** 3. How was the sample size for examining the test-retest reliability (34 patients) determined?

**Response to comment 4:** the test retest reliability in the validation studies must include only 10% of the size of the study. This represents only 22 patients while we had 34 patients instead.

**Comment 5: Section-Results 1.** More basic characteristics, such as socio-economic status, educational status, marital status, tumor histology grade and operative method etc, are suggested to be shown in the paper.

**Response to comment 5:** we do agree with your suggestion of adding more data in the basic characteristics, however we chose to reduce the number of non useful data in order to lighten the manuscript. We already have too many tables and data to be considered by readers.

**Comment 6:** 2. The result of ICCs needs to be unified. It is 0.889-0.999 in the table and 0.889-1 in the text description.

**Response to comment 6:** the results were unified as requested.

**Comment 7:** 3.The result of acceptability, that is, the questionnaire completion and miss rate, is suggested to be added in the paper.

**Response to comment 7:** We totally agree with your comment the rate of acceptability was 88.4% as reported in the results study. this was added to the manuscript in the sentence: In total, 221 of 250(88,4%)patients completed the questionnaire

**Comment 8:** Section- Discussion 1.In the sentence of “In the assessment of construct validity, correlations...”, whether “construct validity” needs to be changed as “concurrent validity”.

**Response to comment 8:** as requested the construct validity was changed by concurrent validity itn the discussion section