**Author’s response to reviews**

**Title:** Indocyanine green fluorescence imaging to assess bowel perfusion during totally laparoscopic surgery for colon cancer

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**Author’s response to reviews:**

Friday, April 3, 2020

Dear Stuart Weir and Reviewers:

Thank you for your letter and the reviewers’ comments concerning our manuscript entitled "Indocyanine green fluorescence imaging to assess bowel perfusion during totally laparoscopic surgery for colon cancer" (BSUR-D-20-00071R2). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper. The main corrections in the paper and the responds to the reviewer’s comments are as flowing:

Responds to the reviewer’s comments:
Reviewer 1:

Response to comment: (Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format. Please overwrite this text when adding your comments to the authors.)
Response: Dear Dr. Cavallaro, thank you for your advice and I will include all comments for the authors in the box.

Reviewer 2:

1. Response to comment: (why rectal and low sigmoid resection where not included in the study? it is widely reported that anastomotic leakage has higher rates in rectal resection, so it would have been interesting to enroll such cases; however if they had been excluded because you considered only totally intracorporeal anastomosis technique, it should be specified)
Response:
Anastomotic leakage is really higher in rectal resection and IGFI may be helpful in these surgeries. We excluded them because this study aimed to evaluate the effect of IGFI in totally laparoscopic colonic resection. Thank you very much and I have corrected and added the reason in the article.

2. Response to comment: (In the discussion (line 225-228) it is reported: "The changing rate in the transection point using IGFI was a little higher than when using visible or white light during a totally laparoscopic surgery" but there is no data/percentage of the change of strategy in the WLI group; since this is a retrospective study where the IGFI group is compared to a past control series, it is likely that in the white light patients this data has not be collected, so the previous sentence must be modified)
Response: I am sorry for the mistake and modified the sentences in the article. Thank you very much.

3. Response to comment: (In the discussion reference and comparison with previous studies are too "poor". There are metanalysis, big multicentric and randomized studies that could have been mentioned and used for discussing results addressing more robust evidences)
Response: Thank you very much and I have added these valuable studies in the discussion to address more robust evidences.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. And we marked the changes
in red in revised paper. Most of the comments of the reviewers need us to make a detailed explanation.

We appreciate for Editors/Reviewers’ warm work earnestly and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions on our paper.

Looking forward to hearing from you.

Thank you and best regards.

Yours sincerely,

Dr. Su & Prof. Zhou