Answering Reviewer #2:
1. The follow-up duration for incisional hernia was consistent with the postoperative follow-up period following tumor surgery, which entailed biannual check-ups for the initial two years. From the third year onwards, the frequency of follow-ups was adjusted to every six months. Routine abdominal CT scans were performed during the postoperative surveillance of the tumor. Patients identified through imaging as having occult incisional hernia or abdominal wall defects, but without manifesting symptoms of incisional hernia, were subjected to a 1-3 month follow-up period. This monitoring process encompassed an abdominal physical examination, color Doppler ultrasound, and, if deemed necessary, additional abdominal CT scans.
2. Previous research on IH has predominantly focused on traditional open surgery. While this study focused on “excisional incisional hernia at specimen site after laparoscopic colorectal cancer surgery”.

Answering Reviewer #3:
1. The data presented in Table 1 indicate a higher prevalence of anemia and hypoproteinemia among patients in the subumbilical incision group. However, the incidence rate of incisional hernia is notably lower in this group. Consequently, the impact of incision position on the occurrence of incisional hernia becomes evident.
2. All patients were subjected to a ‘three-step suture’ procedure, which involved suturing the anterior sheath of the rectus abdominis and the peritoneum, the abdominal wall’s fat layer, and the skin layer respectively.