

Responses to the reviewers' comments:

Reviewer's comments (06290122):

Q. This manuscript is well written, and it describes the successful laparoscopic hemicolectomy and radical lymphadenectomy of a SIT patient with ascending colon cancer. Laparoscopic surgery of patients with SIT is very difficult, therefore, this report is necessary for surgeon. Of course, the authors need to supply the follow-up data for this paper.

Author response: As we stated in the part of *OUTCOME AND FOLLOW-UP* in our manuscript: At the 12-month follow-up, the patient reported being in good condition, and no symptoms or recurrence were noted.

Reviewer's comments (05233850):

Q. Dear Authors, you report a quite interesting case of of ascending colon cancer and situs inversus. You describe the importance of surgeon position and I agree with you but when we perform a right hemicolectomy the surgeon position in on the left side of the patients and no between legs. We find more confident and comfortable this position. In your case we maybe we would have performed the procedure on the right side of the patient. What do you think about?

Author response: We agree with your opinion of the surgeon position when performing a right hemicolectomy. In our case of an ascending colon cancer with situs inversus, the surgeon stood between the patient's legs, and the first assistant and endoscopist stood on the surgeon's left. In this way we found that the ileocolic vessels were dissected safely and the colon was dissected and reconstructed uneventfully.