Reviwer #1:
This review article has enough good contents. For the readers of this review, it should be better to understand the author's points if the illustrations that show the difference between the extent of Japanese D3 lymph nodes dissection and the CME with CVL and the differencies of the surgical planes commented on the page 6 will be prepared.
Answer: The authors provided figure 1,2,3 to illustrate what is requested.

Reviewer #2:
Nice article on Clinical Practice. It would be better if a table is added highlighting and summarizing all the points and showing the quality (level) of evidence in one of the columns as well.
Answer: The table has been edited; at the moment, no level of evidence is reported or shown in any paper in literature.

Reviewer #3:
Interesting and timely review. However, Don't the authors think that in the absence of solid evidence the following is an overstatement? laparoscopic CME with CVL should be intensely considered as a crucial component of any modern, actual, multimodal management of right colonic cancer".
Answer: Yes; the authors agree on the nature of the overstatement and corrected it.

Reviewer #4:
Well done on a thoroughly researched minireview. Suggestions below. Mostly these are minor. Introduction, 3rd paragraph, the “no touch” technique is mentioned. This appears a number of times through this paper and yet this is not part of Hohenberger’s CME + CVL technique nor part of the concept of CME + CVL. It’s a separate concept and in this context, confuses the point. Under the subtitle “Time for a new terminology?” You should define what u mean by mesofascial, retrofascial and colofascial plane – ie between which 2 structures. Under “The rationale behind”…. 3rd paragraph. Consider including data on apical nodes…. Their impact if they’re involved, the frequency of skip metatastases, one of the potential advantages of CVL is a more accurate staging of these cancers. The other is the increased node yield… maybe look at West’s data on actual numbers of nodes collected and its impact on survival regardless of positivity... there are a few papers on this topic. Under “Quality of the surgical specimen and Results… Separate your results. This is the most important part of your article. The results section needs the most work. You need to include more studies here. Currently your results do not reflect your conclusions. Order the results to make it make more sense rather than jumping around. E.g – have a paragraph on CME + CVL versus standard resection, Lap CME + CVL versus open etc. Within each section, you need results reflecting quality of surgical specimen, LR, DFS, OS etc. Overall comments – there are many grammatical and spelling errors. I assume this will be corrected in your final draft.
Answer: The authors agree on the confusion that the term “no touch” may ingenerate so we eliminated it. The authors defines better the terms mesofascial and retrofascial, also with figures as requested also by reviewer #1. We included data on the apical nodes and the related yield, reporting the West’s data. The authors separated “Quality of the surgical specimen” and “Results”. “Results” now includes all the studies found in literature (with few exceptions of minor reports) and the authors ordered this section in more sense trying to avoid jumping around. Quality of surgical specimen, LR, DFS and OS (when reported by the single papers) are now reported and summarized in a single table.