

Thank you very much for your review!

Comments:

This retrospective analysis examined the risk factors for early postoperative recurrence in 181 patients with colorectal cancer and obstruction, and developed a nomogram prediction model, providing new evidence for clinical assessment of recurrence risk in such patients. The study design is clear, and the methodology is rigorous. Through univariate and multivariate logistic regression analysis, preoperative CEA, SII, TNM staging, differentiation grade, and Ki-67 expression were identified as independent risk factors. The model achieved an AUC of 0.890, and both goodness-of-fit and decision curve analysis support its clinical utility, demonstrating significant academic value. Focusing on the special population of colorectal cancer patients with obstruction, this study addresses a group with complex conditions and high recurrence risk, demonstrating strong research specificity and filling a gap in early recurrence prediction models in this field. 1. The single-center retrospective design has limitations. While the sample size of 181 cases meets the basic requirements for analysis, it lacks statistical power for rare subgroups (e.g., only 3 cases of Kallmann syndrome), which may lead to biased results; 2. Neural invasion showed significant differences in univariate analysis ($P=0.037$) but was not included in the multivariate model. The authors did not explain the reason for this exclusion and should conduct additional analyses to assess its collinearity or interaction with other factors; 3. The model lacks external validation, as it was constructed solely based on single-center data, and its generalizability remains to be verified; 4. The follow-up period was only 2 years, which meets the definition of “early recurrence,” but the recurrence trend after 2 years was not explored, making it impossible to assess the model's predictive value for long-term prognosis. The authors need to extend the follow-up period or provide additional clarification on the limitations of short-term follow-up. It is recommended that future studies track 5-year recurrence data; 5. The cutoff values for preoperative SII and CEA were not clearly defined, making it difficult to quantify risk stratification in clinical applications.

Reply: Firstly, I would like to express my sincere gratitude to the reviewer for their recognition of this study. In response to the reviewer's comments, we have made the following additions to the article.

- ① According to the reviewer's comments, we have provided a detailed explanation of the limitations of this study at the end of the discussion section of the article.
- ② According to the reviewer's comments, regarding subgroups with fewer than 5 cases, we have changed to using Fisher's exact test.
- ③ Neural invasion had a $P=0.037$ in univariate analysis (Table 1), we have included multivariate analysis, but $P=0.086$ was found in multivariate analysis (Table 3), therefore it was not used as a predictive indicator for the nomogram model.
- ④ According to the reviewer's comments, we have added a limitation statement at the end of the discussion that this study did not conduct external research.
- ⑤ In response to the critical value issue raised by the reviewer, we use a continuous variable approach for SII and CEA, and divide them into multiple levels (Figure 1), this is usually more suitable for precise risk stratification of individualization.