

Dear Editor,

Thank you for your consideration and feedback. We appreciate the opportunity to revise our manuscript. We have addressed the minor issues raised by the reviewer. A point-by-point response is as follows:

**Reviewer: 1**

*This manuscript checked single-center clinical data of patients who received enterostomy. As the author pointed out, leakage after enterostomy surgery can lead to serious complications. Mucocutaneous separation (MCS) is one of the most common complications following enterostomy surgery. MCS incidence is remarkably higher in China, therefore, the authors attempted to seek a risk assessment model as well as risk factors for MCS. I also wonder the similar cases, or risk assessments in other countries or worldwide, however, I cannot find similar studies. Thus, there is one unique aspect/novelty in this study. Thus, the topic would be certainly important in this area. In my opinion, there are two major points. Particularly, the outcomes in figures 1 and 3 may be hard to convince many readers. Major comments • Suture dislodgement and incision infection appear to be factors showing striking difference between non-MCS and MCS cases (Table 1). Therefore, I suspect the variables might be related to the experience of physicians at least in part. It may be quite a bit of work to re-check, however, the study is single-center, and the data is from several years. therefore, it may be meaningful to make groups (physicians with less than x year experience, above x year experience, for example). Such analysis may help figure out additional, hidden factors.*

**Response:** Thank you for your feedback. The participants we included in this cohort were from 2019 to 2023, a span of 5 years. All participants underwent treatment at our center under the same team. It is true that differences in skill can contribute to differences observed between the two groups, however at our center the procedure is performed by senior seniors whose experience level is comparable. While some approaches like propensity score matching may help mitigate some the effects off bias, however in this case it may not be the best approach since there was not difference in the demographic and the differences between the two groups was in variable that have some nexus to MCS like suture loss, stoma site and incision infection.

*• Both ROC and decision curves (Figures 1 and 3) do not show clearer differences to me. This fact may also justify the necessity to consider the other approaches to analyze the data. • Minor comments*

**Response:** Thank you for your feedback. We wanted to develop a predictive model of MCS. Following univariate and multivariate analysis, there were a total 9 potential predictive factors of which 7 were independently predictive of MCS. We then created three models, one composed of all the independent predictive factors (MCS Model), another of only the 3 of the independently predictive factors (MCS Basic Model {simplified}) and a third model that included all the potential predictive factors (MCS Extended Model). We wanted to see if a stripped-down model (MCS Basic) would have a comparable performance to the standard model (MCS Model) and whether

the extended model was significantly better than the MCS Model. We found that although MCS Basic a good performance (AUC of 0.79) MCS Model was significantly better (AUC of 0.837) and was also marginally better than MCS extended. As such we decided to construct our nomogram using MCS Model instead of the other two.

*• I am not sure if World J. Gastroenterol. recently changed the format. The manuscript does not follow the formatting and it should be fixed, if that is the case.*

**Response:** Thank you for your feedback. We have edited the manuscript to match the form of the Journal.

*• There is one paper published last year about therapy for complicated mucocutaneous separation (J. Ding et al. (2023) J. Wound Ostomy Continence Nurs., 50, 420-426). The manuscript would be better by citing this paper and briefly discussing it.*

**Response:** Thank you for your feedback. We have taken this paper into account in the updated discussion section.