Peer Review File

Comment 1: Considering the broad scope of LCM's audience (younger clinicians and experienced ones), we suggest authors add a paragraph at the very beginning to briefly introduce the background of the BC (e.g., the role, importance, classification). This would effectively avoid younger peers from getting lost.
Response: As suggested, a brief introduction of BC has been added in Paragraph 2 of Page 2.

Comment 2: Short background introduction is required of the incidence rate of colorectal polyp or colorectal cancer because it is also the key point of this commentary.
Response: As suggested, a brief introduction of colorectal cancer and polyps has been added in Paragraph 1 of Page 2.

Comment 3: Informal language: "White". Please specify the ethnicity and describe the study subjects in the most neutral, exact, and respectful language possible.
Response: As suggested, we have revised the racial/ethnic terms throughout the paper.

Comment 4: "Detailed inclusion and exclusion criteria have been reported (2, 6, 7)". Ref. 2 is sufficient here, or it can be left out because the previous sentence has just been cited.
Response: As suggested, we have removed Ref 6 and 7.

Comment 5: "having a history of colorectal polyp, or at high risk of colorectal cancer were included in the study". Why did the authors include only patients with this disease? We suggest that the authors introduce the background on the association between colorectal disease and BC.
Response: We appreciated comments from reviewers. We cited inclusion criteria from Ref 4. The inclusion criteria were designed for the original Personalized Prevention of Colorectal Cancer Trial (PPCCT) study, which was not designed to study Traditional Chinese Medicine BC. As suggested, we have added brief background information on colorectal cancer and colorectal polyps, as well as BC in the first two paragraphs on Page 2.

Comment 6: "In Chinese population, three most common pathological subtypes were Yang-deficient (16.4%), Qi-deficiency (13.2%), and Dampness-Heat (10.2%)". The statement was inconsistent with the data in table 1 (i.e., the three most common pathological subtypes were Gentleness (29.0%), Yang-deficient (16.4%) and Qi-deficiency (13.2%) in Chinese population). Please confirm it and revise it accordingly.
Response: We appreciated the comments from reviewers. As we mentioned in the first paragraph on Page 4 "the individual was diagnosed as "Gentleness" that was considered the neutral BC", and the other 8 BC subtypes are "imbalanced BC type or pathological BC types". Here, according to Table 1, we emphasized the top 3 pathological subtypes, Yang-deficient, Qi-deficient, and Dampness-heat, in Chinese population. To avoid confusion, we have added a term "beside the neutral BC type" on Page 4.

Comment 7: "13.3% of white participants in PPCCT study had Qi-deficiency subtype" should be revised to "13.6% of white participants in PPCCT study had Qi-deficiency subtype".
Response: We appreciated the comments from reviewers. We have revised the typo.

Comment 8: "In a recent report, Shu et al. (2) showed that…" should be revised to "In a recent report, Zhu et al. showed that…".

Response: We appreciated the comments from reviewers. We have double checked the reference and results from the cited reference. The recent report was from Shu et al (Ref 4).

Comment 9: "In a recent report, Zhu et al. showed that the distribution of BC subtypes varied greatly between American whites and Chinese from a previous study conducted in China with 8,448 participants (4)". The 8,448 participants in reference 4 were all Chinese. We are confused with the claim.

Response: We appreciated the comments from reviewers. In their study (Ref 4), Shu et al compared the distribution of BC subtypes were compared between non-Hispanic Whites from US and 8,448 Chinese from China and found great variations in the distribution between the two populations. We have revised the sentence to make it clearly.

Comment 10: "These findings indicated that the differences in distribution of BC subtypes...are not solely due to the selection bias". According to the statement, the findings came from references 4, 9, and 10. However, the participants in these studies were all Chinses not including American whites. It would be necessary to cite the data of American whites to provide evidence support for the content.

Response: We appreciated the comments from reviewers. Please read our Response 9 for report by Shu et al. Ref 4 was conducted in an American population and made a comparison of the distribution BC subtypes between American and Chinese populations.

Comment 11: "In this issue, Zhu et al. in this issue reported that". Repeated.

Response: We appreciated the comments from reviewers. We have removed the repeated terms.

Comment 12: Please kindly confirm the accuracy of the references cited and revise accordingly. For example,

- In the reference list, list all authors, but if the number exceeds three, give three followed by "et al.".
- Also, please add the URL if the preprinted article is available online, e.g., Reference 2: "2. Shu L, Yin X, Zhu X, et al. Associations between Traditional Chinese Medicine Body Constitution and Cardiovascular Disease Risk in a White population. medRxiv 2022;2022.12.13.22283433. Available at:
https://www.medrxiv.org/content/medrxiv/early/2022/12/20/2022.12.13.22283433.full.pdf).

- Ref 10: "中医体质类型与肠息肉相关性的系统评价与Meta分析. TCMJ". Please indicates publication both in English and Chinese languages.

Response: We used Vancouver style for all references in the original submission according to the instruction for authors, and Vancouver style listed the first six authors for papers with more than six authors. As suggested, we have changed the citation styles for all references. Unfortunately, for Ref 10. "中医体质类型与肠息肉相关性的系统评价与Meta分析. TCMJ". There is no title written in English in the original article. As requested, we have translated the title written in Chinese into a title written in English without permission from authors of Ref 10, and mentioned it in Ref 10.