

## **Peer Review File**

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### **Reviewer A:**

If authors can provide translation for figure 1 supp. would be good.

For patients who are already on anticoagulation drugs will they be excluded from the study (if yes need to be added to exclusion criteria, if no need to know how you will interpret their data will they be included in which group (prevention, no prevention or intermediate) which guideline you will use to determine the groups (prevention, intermediate and no prevention)

### **Response:**

We thank the Reviewer for the constructive suggestions.

We have provided the translation for supplemental figure 1.

For patients who are already on anticoagulation drugs, they will not be excluded from the study. We will record in detail for their anticoagulant treatment within 4 weeks before surgery, including the type of drug used, the duration of use, whether the drug was discontinued before surgery, and the time of withdrawal up to the date of surgery. They were divided into non-prevention group, intermediate group and prevention group according to the actual situation of postoperative VTE prevention according to the requirements of the guidelines. Patients will be grouped according to the Guidelines for the prevention and Management of Perioperative thrombosis in Chinese General Surgery published by the Chinese Medical Association.

### **Changes in the text:**

We have revised the exclusion criteria in Table 1 and added related descriptions as follows: Groups will be determined according to guidelines issued by the Chinese Medical Association (Kindly see Page 10, line 2-3).

**Reviewer B:**

Interesting topic and very important. I think this study is well designed and will yield good results when carried out to help the field of colorectal surgery. There are several grammatical issues that I commented on in red. I also would reformat some of the tables and way that things are presented in the methods section which I explained by red notations on the side. The only issue I had was I would like the authors to define why they chose the 4-7 day and 21-25 day time period to collect data.

**Response:**

We thank the Reviewer for the constructive suggestions.

As for the grammar problems and the display mode of the table you mentioned in the manuscript, we have modified the corresponding position of the manuscript.

We will explain our choice to collect data at 5-9 days and 21-28 days from the following three aspects:

1. For patients after colorectal cancer surgery, 5-9 days after the operation is the routine discharge time, we choose this time period to record the occurrence of VTE events in the hospital. And 21-28 days is the high-risk period for short-term postoperative complications, and it's also the common time period for patients to choose postoperative review, which the occurrence of VTE events in the short term (within 1 month) after surgery can be recorded.
2. According to the 2019 ASCO guidelines, extended prophylaxis with LMWH for up to 4 weeks postoperatively is recommended for patients undergoing major open or laparoscopic abdominal or pelvic surgery for cancer. We set the postoperative review at 21-28 days not only to clarify the gap between the prevention status in China and the guidelines recommended, but also to observe the effectiveness and safety of anticoagulant drug prevention in postoperative patients with colorectal cancer.
3. According to the DISSOLVE-2 study, most of the VTE events in surgical patients occurred within 1 week of admission, but the VTE events rebounded after 3 weeks of hospitalization.

These are the reasons why we choose to conduct postoperative review and follow-up

on patients at 5-9 days and 21-28 days after surgery.