Dear Editor-in-chief,

On behalf of my co-authors, I submit our manuscript entitled "**Redefined hyponatremia may be a marker of excluding the diagnosis of anastomotic leakage after colorectal cancer surgery**" for possible publication in the Journal of international medical research ". It is submitted to be considered for publication as an "original article" in your journal.

Anastomotic leakage (AL) is one of the most serious complications after colorectal surgery and it is often difficult to diagnose clinically. We evaluate the diagnostic role of common laboratory values, serum sodium level and leucocyte count for anastomotic leakage after colorectal cancer surgery. The results show postoperative serum sodium level is lower in AL group. By using auROC curves, the optimum cut-off value of postoperative serum sodium was139.5mmol/L. We redefined hyponatremia as postoperative serum sodium< 139.5mmol/L. Redefined hyponatremia had an auROC of 0.65 corresponding to a negative predictive value of 97.2%. The negative predictive value reached 99.1% by in combination with leukocytosis. It is of great clinical utility.

To the best of our knowledge, this is the first article the redefined hyponatremia has been proposed, and it has proven that redefined hyponatremia has a good negative diagnostic value for AL.

We believe the paper may be of particular interest to the readers of your journal.

This manuscript has not been published in whole or in part nor is it being considered for publication elsewhere. All authors have seen the manuscript and approved to submit to your journal.

Thank you very much for your attention and consideration.

Best Wishes.

Sincerely yours,

Yan Wang， Lei Zhou