

Response to comments:

We appreciate the comments by our esteemed reviewer colleague and this is our attempt to answer some of the pertinent queries raised above:

In this article we attempted to review novel therapeutic agents in the treatment of metastatic colorectal cancer in fair detail, but a systematic review or a meta-analysis would be beyond the scope of the word limits. In this article we have touched upon several of drug/pathways, many of which individually would merit a systematic review.

COI: We will add conflict of interest statement. For the record, authors do not have any conflict of interest to disclose.

Glossary: We will explain all the abbreviations appropriately in the revised manuscript

Mechanism of actions of new drugs: We have tried to explain with the best of our ability within the word limits of the articles in the revised manuscript.

Spelling: Thanks for pointing them out, have edited in the revised manuscript

Table: Will change to title (instead of legend) in the revised manuscript.

Additions:

We have done 2 additions, which we thought were appropriate considering emergence of new data

1. "Mismatch-repair status has been useful in predicting clinical benefit of immune checkpoint blockade with Pembrolizumab, with higher response in Microsatellite Instability High (MSI-High) tumors. [34]" (Page 8, section on immunotherapy)
2. "Recent data from RECOUSE study has shown that median overall survival improved from 5.3 months with placebo to 7.1 months with TAS-102. Hazard ratio for death in the TAS-102 group versus the placebo group was 0.68 (95% confidence interval [CI], 0.58 to 0.81; $P < 0.001$), and this data led to its FDA approval. [35]" (Page 10, section on TAS 102)