

ANSWERING REVIEWERS

World Journal of Radiology

Manuscript: WJR-22001: Current status of transarterial radioembolization

Dear Editor,

In reply to the reviewers' recommendations, the above mentioned manuscript has been thoroughly revised. In detail, changes were made as follows:

Reviewer 03081319:

No changes required.

Reviewer 00926880:

- 1) A statement on this (potential) issue was added at the end of "Introduction".
- 2) The paragraph on other metastatic entities was supplemented by a section dedicated to NET.
- 3) The anatomically more correct term "hemiliver" was applied according to the Brisbane 2000 system.
- 4) The typographical mistakes were corrected as suggested by the reviewer.
- 5) I did not change figure 1 as it nicely illustrates the use of TARE. Moreover, NET are part of this review (e.g. table 5).

Reviewer 03253495:

- 1) The reviewer is correct about this point. However, dosimetry was neither described nor discussed in this manuscript as this would merit a paper of its own. There is a section, which addresses this topic, referring to other references. "Patient preparation and procedural details are described in several practice guidelines [29-31]. These aspects include vascular anatomy of the liver, pre-procedural imaging as well as dosimetry. The latter is of particular interest as it varies depending on the type of spheres used for treatment." Nevertheless, a notice on the need to consider dose for a detailed interpretation of results was added to the statement cited above. The effect of dose on the development of RILD as well as on cirrhosis as a risk factor is part of the paragraph on RILD.
- 2) The paragraph on TARE in metastatic disease other than CRC was supplemented by a section dedicated to NET. In addition, a most recent study on NET was added to table 5.
- 3) The results from the Pamplona group on reducing the risk of RILD were added to the manuscript, as were more variable figures for the risk of RILD (which now

includes mild and severe forms of RILD). The definition of RILD, however, was not changed, as the definition used in the manuscript is the most common definition as it is used in several guidelines (e.g. CIRSE SOP).

- 4) The reviewer did not properly read the heading of the table. It only summarizes randomized controlled trials on CRLM. None of his suggestions is suited for this table, as these studies either deal with CRLM or are no RCT.

The last two studies named by the reviewer are small RCT's of poor quality. Both studies do not answer if one technique is superior. One of the trials does not deal with outcome (where the sentence refers to). Nevertheless, the small RCT from CVIR was added to the manuscript, indicating its limitations.

In addition to the above mentioned changes, references were renumbered according to the changes in the manuscript.

If there are any questions regarding this manuscript, please do not hesitate to contact me.

Kind regards

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