

Dear Editor,

Thank you for your valuable comments and suggestions about our manuscript. We revised the manuscript according to the reviewers' suggestions, and these revisions were marked with yellow in the paper.

Comments

Reviewer 1: Major comments: 1. They should describe a little more about the immunotherapy because the sporadic MSI-high metastatic mCRC have a high proportion of BRAF mutations. 2. They should change "panitumumab" to "cetuximab" (Page 3, L4) 3. They may describe that the therapy of cetuximab and encorafenib will be approved by the FDA because the update analyses of the BEACON study was reported that efficacy of the combination of encorafenib plus binimetinib plus cetuximab and encorafenib plus cetuximab were similar in annual meeting of ASCO 2020 Minor comments: 1. I think that (n=12) are mistake and correctly (n=15). (Table1, Yaeger et al.).

Re: Thank you for your very constructive suggestions. We added some relevant data about immunotherapy to the manuscript. We changed "panitumumab" to "cetuximab" on page 3. We emphasized the updated results of the BEACON trial and mentioned the approval of cetuximab and encorafenib by the FDA as a new standard therapy. The number of patients enrolled to study by Yaeger et al. was changed from 12 to 15.

Reviewer 2: The article entitled "Contemporary treatment approaches for metastatic colorectal cancer driven by BRAF V600 mutations" by Kanat O et al. attempts to analyse the treatment options of metastatic colorectal cancer driven by BRAF V600 mutations. However, the article suffers from a narrative tone, improper use of abbreviations, and still some minor language issues in spite of the "English language editing" performed. please see some examples in the attached.

Re: Thank you for your recommendations. We made some minor changes in the abstract section. All abbreviation-related errors were corrected.