

Reviewer #1:

Specific Comments to Authors: Abstract ,background: Consider changing the sentence for: Synchronous liver metastasis (SLM) is a indicator of poor prognostic for colorectal cancer (CRC). Nearly 50% of colorectal cancer (CRC) patients develop hepatic metastasis and 15-25% of these patients have synchronous liver metastases (SLM) Same sentence to be changed in the Core tip The final version of the manuscript needs to be re-reviewed by a linguist. There are still numerous grammatical errors.

This sentence has been changed into “Synchronous liver metastasis (SLM) is a indicator of poor prognostic for colorectal cancer (CRC). Nearly 50% of CRC patients develop hepatic metastasis, with 15-25% of them presenting with SLM. The evaluation of SLM in CRC is crucial for precise and personalized treatment. It is beneficial to detect its response to chemotherapy and choose an optimal treatment method.” in both Abstract-background and Core tip. Meanwhile, the final version of this article was re-reviewed by a native-English speaker.

Methods: If I understand correctly, the gold standard used to determine whether a patient had disease response or not were the RECIST criterias. RECIST criterias are not perfect in Colorectal cancer, especially with mucinous tumours where the size of the lesions rarely vary significantly while there can still be a pathological evidence of treatment effect. Nothing is said in this article about histopathology but adding histopathological evidence of chemotherapy treatment effect in deciding if a patient belongs to the DR group or non-DR would be more thorough and complimentary to the results of the radiomics analysis.

At the beginning of the conception of this article, we have considered the insensitivity of mucinous and singnet ring adenocarcinoma to chemotherapy. Therefore, all of the colorectal cancers in our article were classical adenocarcinoma, excluding mucinous and signet ring adenocarcinoma. We have already explained this part in MATERIALS AND METHODS-Patients selection.

As for the criteria for evaluating the response of chemotherapy, we chose the RECIST criterion instead of considering histopathological evidence. That’s what we need to explore at next. And it has been mentioned in DISCUSSION-limitations.

Table 1. Please re-calculate CA19-9 difference between non-DR and DR and adjust results and discussion. When I calculate it myself, there aren’t any significant difference between the two groups

I am really sorry for the clerical error in the Table 1. in this article. After checking the original data and performing the statistical analysis, the error has been corrected in article. The statistical result is correct and relevant mistake was modified in the RESULT and DISCUSSION.

6 EDITORIAL OFFICE’S COMMENTS**Science editor:**

(1) The title is too long, and it should be no more than 18 words;

The title has been revised into “The MRI-radiomics evaluation of response to chemotherapy for synchronous liver metastasis of colorectal cancer” with 14 words.

(2) The “Author Contributions” section is missing. Please provide the author contributions;

The “Author Contributions” section has been added in the manuscript.

(3) The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor;

The PowerPoint file with original figures was provided.

(4) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. Please revise throughout. 6 Recommendation: Conditional acceptance.

The references have been revised.