

Reply to Reviewer's comments

1. There are some advices for author:

- 1) On page 4, line 4 "primary and metastatic, namely colorectal, appendiceal, ovarian and gastric malignancies." Are other abdominal and pelvic tumors considered as indicated in Table 1 ? -

Reply: The modification has been done to include all organs involved in PSM.

- 2) There are exaggerated metabolic and inflammatory reactions after CRS, so, significance of monitoring inflammatory markers such as PCT, IL-6 and CRP should be analysed in detail. –

Reply: The details about the inflammatory markers has been added as suggested.

- 3) Does the progress of surgery in recent years changes the postoperative complications ?

Reply: We agree that the progress of the surgery in recent years may have changed the postoperative complications. The ERAS recommendations were published in 2020 only and that may have improved the postoperative complications and outcomes but by our "search terms" and manual search we could not find any study which we could include additionally in our review.

2. Non-Native Speakers of English Editing Certificate are not correctly signed.

Reply: We are English speakers and we read, write and speak in English in all our medical institutions and scientific writings.

3. In their paper, the authors review literatures about the commonest postoperative surgical complications and systemic toxicity after CRS and HIPEC. The authors introduce the following aspects: Critical care Management, Complications in the postoperative period, Gastrointestinal complications, Respiratory complications, Cardiovascular complications, Miscellaneous and Systemic toxicity due to hyperthermic chemotherapy. However, the

author should make a concise summary of the topic of the full text, and briefly put forward his own opinions and future directions.

Reply: The conclusion of summary and the future aspects has been added as suggested.