

Reply to the reviewers:

Reviewer's code: 02828880

COMMENTS TO AUTHORS

This paper reviews the current knowledge on NET treatment, is very well written, and comprehensive of different aspects of the therapy. I would only suggest some minor changes regarding the liver-directed approach - I suggest better to declare that the aim of such treatments is often to achieve control of the disease rather than the cure, and is generally aimed at the reduction of symptoms. Thus, it often occurs to treat only the growing lesions instead of the larger one, in order to achieve disease control. - I would suggest to expand a bit on the results of image-guided ablations. Nowadays, the most promising technique in liver ablations is microwave ablation, which should be mentioned and discussed. - in the paragraph regarding TACE and TAE I would suggest to better compare the two techniques. Actually, there seems to be no rationale in performing conventional TACE or DEB-TACE, because the use of doxorubicin has no proven effect in NETS, and the highest effect in liver transarterial treatments seems to be due to the embolization rather than the drug effect (see *Cardiovasc Intervent Radiol.* 2016 Jun;39(6):799-800.) - finally, a brief mention could be made of HIFU, which might have a higher relevance in the future.

1. Table included
2. Minor changes in liver-directed approach
3. Expanded information regarding liver-guided ablations
4. Microwave ablation included
5. TACE and TAE compared
6. HIFU mentioned
7. *Cardiovasc Interventional Radiol* 2016 included

Reviewer's code: 03551966

COMMENTS TO AUTHORS

The manuscript details a summary of current advances in therapeutic options for uncommon gastroenteropancreatic NETs which are metastatic. The author has succinctly summarised the pathophysiology of the tumour, described the past and present management. I am also pleased to note the inclusion of monoclonal antibody therapy, mTOR inhibitors, interferon therapy as well as liver directed therapies, in the discussion. The literature discussed is adequate and current and the manuscript is well summarised. The only suggestion i would propose is to include some tables that provide the readers a quick and succinct overview of all the literature mentioned. This also allows quick comparison of the data and provides a better summary of the otherwise well written manuscript.

All the requirements have been included.

Dr Esther Una Cidon