

Response to Reviewers:

Name of journal: *World Journal of Surgical Procedures*

ESPS Manuscript NO: 14316

To the Reviewers:

We have responded to each item below and made the corresponding changes in the manuscript.

It is a review article about the cordotomy procedures for cancer pain. It is reasonable well written. Some comments are as below: 1) Patient selection: "Additionally, DREZ is also not a successful treatment for PHN". Why did the authors mention this non-cancer chronic pain condition. 2) Surgical Nuances: Percutaneous cordotomy: why did the authors use C1-2 as the example? I think it can also be done at another level. 3) Please explain the abbreviations of Figure 1. 4) Do the authors have the copyright to use figure 2?

1. The reference to post-herpetic neuralgia will be removed since this article is focused on cancer pain.
2. We focused on the C1-2 level because this is generally where percutaneous cordotomies are performed. The architecture of the bony elements of the spine and the capacious size of the spinal canal are why this level is favored for percutaneous cordotomy. Cordotomies at other levels are generally performed in an open fashion due to the protective nature of the spinal lamina in these areas. It is important to emphasize that pain at various regions of the body can be treated via percutaneous access at the C1-2 level simply by adjusting the position of the needle within the spinothalamic tract as depicted in Figure 3 by the sacral, lumbar, thoracic and cervical areas of the tract (arranged from posterior to anterior)
3. The abbreviations have now been explained for the figures in the legend.
4. We do not have the copyright authorization for the figures but the journal can apply for this and it shouldn't be a problem. Let us know if we need to complete any paperwork for this to happen.

very good article but figures especially regarding tracts for pain transmission need more clarification. Introduction section need language revision and it is too lengthy

The tracts for pain transmission have been clarified in the legend for Figure 1. Each abbreviation is now defined and each nerve fiber type, including the fibers for pain transmission, is now discussed.

The introduction language has been revised extensively and the introduction was shortened.