

## Reviewer 1

The authors review the multidisciplinary approach for liver metastases of colorectal cancer by surgery, radiology, systemic chemotherapies and loco-regional therapies. The manuscript is well written. Tables, figures or schemas which support reader's understanding would improve the paper. Many minor grammatical errors are found.

**Author response: we corrected grammatical errors, and made table and schema as requested.**

## Reviewer 2

This is a review of management of CRC-LM with a focus on multidisciplinary approach. Unfortunately, the manuscript is written in compartmentalized fashion covering each area of therapy in isolation and hence makes it difficult for the reader to appreciate the multidisciplinary considerations that come into play when managing complex CRC-LM especially for unresectable or borderline resectable disease and for those with expanded indications like extrahepatic disease. The writing style and grammar needs to be corrected to make for easier reading and understanding. The quoted MR for hepatectomy seems somewhat high at 8.5-16% and this may not reflect the true state in most highly specialized HPB units worldwide. The comment about growth factors post hepatectomy is briefly mentioned but what is the recommendation for readers? The comments about IOUS are strange and is not meant to be a preoperative investigation but a mandatory surgical tool to confirm preoperative investigations by CT or MRI and for detection of missed lesions. The comment on the role of neoadjuvant chemotherapy being unclear is also strange. The role of multidisciplinary practice is to determine when combined modality treatment eg neoadjuvant becomes useful and it will be helpful for the authors to focus on helping the readers understand the place of neoadjuvant chemotherapy in current practice. The discussion would benefit readers to also understand discussion points about duration of neoadjuvant as well as timing of surgery in relation to avoid disappearing liver metastases, etc.

**Author response: we corrected grammatical errors, we specified the indication for neoadjuvant chemotherapy and its indication, we corrected the IOUS description, the MR for hepatectomy, and indicated the recommendation for growth factors post hepatectomy.**

## Reviewer 3

This article reviews the outcomes of resection, systemic and loco-regional therapies of liver metastases originating from large bowel cancer. This review is well written. However, it is better to describe the analyzed studies in a Table for patients' characteristics, treatments, and prognoses. Then we can know which is the best option for such patients.

**Author response: we made table as requested.**

## Reviewer 4

The review article by Giammaria summarizes a large body of literature on multiple aspects of the treatment of colorectal cancer liver metastases. It follows the historical trail of treatment outlining classic indications for resection followed by current practice. The authors recommend a multidisciplinary approach to this disease with each patient being discussed by a multidisciplinary team consisting of surgeons, oncologists, radiologist and radiological interventionalists, case managers, and nurses. Critique 1. The manuscript is very descriptive but does not clearly sort through the conflicting data in the literature to provide clear indications for treatment. In some areas, the differences in outcomes for studies are confusing. It is not clear how to apply the data to individual patients.

**Author response: we specified the indications of treatments**

2. The manuscript outlines all possibilities, but does not define clearly specific roles of each modality in treatment of patients with various presentations of colorectal liver metastases.

**Author response: we specified the indications of treatments according to type of liver metastases**

3. The initial section discusses evaluation of the patient, but radiological assessment is discussed much later in the paper after criteria for and timing of resection. This could be reorganized.

**Author response: we shifted radiological assessment immediately after perioperative evaluation**

4. The manuscript would be enhanced by figures or tables that illustrated points. This might include more detail about estimating the residual volume of liver after resection.

**Author response: we made table and schema as requested.**

5. The authors could bring more clarity to issues about whether or not neoadjuvant chemotherapy should be used before liver metastases are resected and if used, who would best benefit. In summary, the review article does little to clarify the complex decision-making required to treat patients, especially in the rapidly evolving environment that has occurred over recent years.

**Author response: we specified the indication for neoadjuvant chemotherapy and its indication**

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Name of journal: World Journal of Clinical Oncology

Manuscript NO.: 32703

Column: Review

Title: Multidisciplinary approach of Colorectal Cancer Liver Metastasis

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Scientific editor: Xiu-Xia Song

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