

To the Editor-in-Chief, Professor Hsin-Chen Lee, and to the Science Editor, Professor Ze-Mao Gong,

Thank you very much for considering our manuscript. I am very pleased by the favorable comments of the editor and Reviewers. Reviewer 1 offered two comments, while Reviewer 2 had no comments. I fundamentally agree with all of these comments and have now incorporated them into the revised version of the manuscript. Red indicates the parts that have been changed in accordance with the comments of Reviewer 1. Blue indicates the parts that have been changed in accordance with the suggestions of editor. A native English-speaking medical editor and I have reviewed the manuscript once more, and I have changed or deleted very small portions. These are very trivial points (a few words or a single sentence) and have therefore not been indicated to avoid confusion. The original manuscript has not been changed otherwise.

I hope that this revised version is deemed suitable for publication and look forward to hearing from you at your earliest convenience.

Respectfully yours,

Hiroshi Noda M.D., Ph.D.

## Response to Reviewer 1

Red indicates the parts that have been changed in accordance with the comments of Reviewer

1. We thank the reviewer for their comments. We agree with both of the comments and have now incorporated them into the revised version of the manuscript (red color).

1. *Was the decision to go to surgery first discussed in a multidiscipline forum including oncology and radiology?*

**Response:** Yes; we discussed the surgical strategy for complex hepato-biliary and pancreatic disease in a multidiscipline forum including surgeons, oncologists and radiologists. I have now described how we discussed our surgical strategy in the text (page 7, line 78-79 of the revised version, in red color).

2. *Was HIPEC considered for these patients, whether in the first surgery or in a later stage?*

**Response:** I understand that HIPEC is an important treatment for disseminated carcinoma. However, we excluded cases of LARCC with dissemination from the RHCPD indication, and recurrent cases of LARCC that underwent RHCPD were all liver metastasis, not dissemination. We therefore did not perform HIPEC in either the first surgery or in a later stage. We should have explained our approach to cases of dissemination in the initial version. I have now added the indications for RHCPD to the revised manuscript (page 7, line 85 of the revised version, in red color).

## **Response to Reviewer 2**

*Reviewer's Comment: Well done paper, interesting to read and know about.*

**Response:** We thank the reviewer for taking the time to review our manuscript. We appreciate your positive comment.