

Dear Sir or Madam,

Thank you for your review and the comments, which were very valuable to us for the revision. We have fully revised the text and indicated the issues we addressed with red font in the body of the article. Please find more detailed answers to your questions below. We hope that the revisions are satisfactory.

Reviewer 1:

QUESTION 1. Update of references, as some references are old. Discuss shortly about role of imaging in assessment of these techniques.

ANSWER 1. The references have been updated as possible. The importance of imaging has been added into the text.

A proper imaging is very important during the whole setting of radiosurgery treatment, not only in the beginning for pre-treatment planning, but then again during the treatment and follow up. Before deciding the treatment options with the patients, the modern management of brain metastasis includes a comprehensive staging and surveillance with both CT and MRI in order to identify intracranial metastases as early as possible. Thereafter, a prompt management with radiosurgery may commence, with the purpose to prevent the need for surgical resection, development of neurologic symptoms and worsening of the clinical condition. Both CT and MRI are often needed for planning of the stereotactic treatment. Additionally, during the course of stereotactic radiosurgery, the pre-treatment position imaging verification is strongly advised for the avoidance of possible mistreatments, although the stereotactic system itself is extremely accurate. In the follow up period, the imaging is important to monitor the effects of the stereotactic treatment. As the brain metastases may at

first increase in size after the stereotactic radiosurgery, it is very difficult to distinguish the postradiational changes from a possible tumour relapse. In these situations, the imaging with multiparametric MRI techniques is very useful. In the initial identification of radiation-related changes, it enables assessing the tissue metabolic and physiological characteristics and possible tumour recurrence and may be useful for monitoring treatment changes in intracranial neoplasms.

Reviewer 2:

QUESTION 1. I have only a suggestion, the title should indicate that the manuscript deals with brain radiosurgery and mostly with brain neoplasms. Although a brief mention is made on functional radiosurgery (epilepsy and movement disorders, pages are not numbered, difficulting this review) however, most contents of this manuscript are related to brain neoplasms.

ANSWER 1. The title has been changed accordingly: Radiosurgical Techniques for Treatment of Brain Neoplasms: a Short Review. Pages have been added.

Reviewer 3:

QUESTION 1. It is useful to subdivide the argument in some specific sections in which the radiotherapy can be employed in the treatment of the neurological lesions, with pathology, indications, technical features, outcomes. For example of some confusion, in the Introduction there is a description of a specific neurosurgical technique and it's difficult to understand the purpose of this choice. In summary, I think that should be necessary to rewrite the article.

ANSWER 1. The text has been rearranged according to our best knowledge and possibilities.