

Dear Editors and Reviewers:

We are very grateful for the careful and thorough review given to our manuscript entitled “**Mini-invasive versus open resections of colorectal tumor and liver metastases: a meta-analysis**” (Manuscript NO. 46944). We have made corrections in the revised manuscript and provided clarifications and additional data to address the reviewers’ comments accordingly. The comments are valuable and are responded point by point. All revisions are clearly displayed in the revised manuscript. Thus, our manuscript is improved and we hope it is now be acceptable for publication in World Journal of Gastroenterology. The main revisions are as flowing:

**Responds to the editor’s request:**

1. Request: The title should be no more than 12 words.

**Authors’ response:** We have revised the title which is no more than 12 words.

2. Request: A short running title of no more than 6 words should be provided. It should state the topic of the paper.

**Authors’ response:** The running title has been added as: Mini-invasive versus open colectomy and hepatectomy.

3. Request: you need to provide the grant application form(s) or certificate of funding agency for every grant, or we will delete the part of "Supported by...".

**Authors' response:** The approved grant application form has been provided.

4. Request: Please explain all the abbreviations in the core tip.

**Authors' response:** The full names of each abbreviation have been listed in the core tip.

5. Request: The reference numbers will be superscripted in square brackets at the end of the sentence with the citation content or after the cited author's name, with no spaces. Please check and confirm that there are no repeated references! Please add PubMed citation numbers (PMID NOT PMCID) and DOI citation to the reference list and list all authors. Please revise throughout. The author should provide the first page of the paper without PMID and DOI. PMID (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed>) (Please begin with PMID: ) DOI (<http://www.crossref.org/SimpleTextQuery/>) (Please begin with DOI: 10.\*\*)

**Authors' response:** The reference numbers have been corrected. The format of the references has been revised accordingly.

6. Request: The guidelines for writing and formatting Article Highlights are as follows:

**Authors' response:** The Highlights are added accordingly.

7. Request: Please provide the decomposable figure of figures, whose parts are all movable and editable, organize them into a PowerPoint file, and

submit as “Manuscript No. -Figures.ppt” on the system, we need to edit the words in the figures. All submitted figures, including the text contained within the figures, must be editable. Please provide the text in your figure(s) in text boxes.

**Authors’ response:** All figures including the text contained within the figures are organized into the PowerPoint file named as “Manuscript No.46944 -Figures.ppt”. All the abbreviations of each figure/table have been explained.

Response to Reviewers

Reviewer No: 02411089

**Reviewer's comment:** Well done, this is a high quality paper. Accept.

**Authors' response:** We thank the reviewer for this polite comment.

Reviewer No: 00505466

**Reviewer's comment:** The authors provide a meta-analysis on the interesting issue whether laparoscopic might be beneficial when compared with open simultaneous resection of primary colorectal cancer and synchronous liver metastases. The study is clearly designed and the manuscript is very well written. Some, mainly minor, comments are to be made.

1. Comment: Might it be possible to analyze for DFS, systemic/hepatic recurrence, peritoneal and locoregional recurrence separately?

**Authors' response:** We thank for the suggestion of the reviewer. We checked the 10 articles included in our study again. We found two articles did not reported recurrence. Other articles reported recurrence but the ways of recurrence and metastasis varies greatly, in our opinion, the data about systemic/hepatic recurrence, peritoneal and locoregional recurrence is limited and not be analyzed by statistics.

2. Comment: Line 92. 'The morbidity and mortality of CRC ranks third (10.2%) and second (9.2%) respectively among all the cancers in the world.' Do the authors mean 'incidence' instead of 'morbidity'?

**Authors' response:** Yes. The 'morbidity' was replaced by 'incidence'. (line 104)

3. Comment: Line 138. Please add a reference for the AMSTAR guidelines.

**Authors' response:** The reference for the AMSTAR guidelines has been added. (line 151)

4. Comment: Lines 171-172. 'The anastomotic leakage was regarded as abnormal passage on the site of anastomotic stoma.' 'Anastomotic stoma'

does not make sense. Please remove the sentence (I guess the meaning of anastomic leakage is clear to all readers) or otherwise rephrase.

**Authors' response:** The sentence has been removed. (line 188)

5. Comment: Line 173 Please add a reference for the Newcastle-Ottawa Scale.

**Authors' response:** The reference for the Newcastle-Ottawa Scale has been added. (line 189)

6. Comment: Line 208-209 'm eeting' should be 'meeting'. Lines 333 and 352. 'maight' should be 'might'

**Authors' response:** We thank the reminder of the reviewer. The sentence containing 'm eeting' has been removed according to another reviewer suggestion. The word 'might' has been revised. (lines 333 and 347)

Reviewer No: 03004829

**Reviewer's comment:** The authors present an interesting meta-analysis on the outcomes after open and minimally invasive surgery for simultaneous resection of colorectal primary and liver metastases. The main results are as expected but nonetheless interesting. However, I have some comments.

1. Comment: First, in the introduction it is mentioned that almost 50% of CRC patients develop liver metastases and 25% have liver mets at diagnosis. These are historical figures. Please use modern data.

**Authors' response:** We thank the reminder of the reviewer. The data has been updated. (lines 110-114)

2. Comment: In the results section, almost all data can be found in the tables. Please remove redundant information.

**Authors' response:** We thank the reminder of the reviewer. We checked results section again and removed the redundant parts.

3. Comment: Why are results presented with two sets of p-values?

**Authors' response:** We thank the reminder of the reviewer. The second p-value is used to evaluate the heterogeneity.

4. Comment: 'Postoperative complications' is a wide concept. The term must be explained in detail. Is it Clavien-Dindo $\geq 3$ ? I believe that the number of events in most of the specific complications is too low to be included in a meta-analysis. I would recommend to use only a better defined 'postoperative complication' term and omit all others.

**Authors' response:** We thank the suggestion of the reviewer. Indeed, 'Postoperative complications' is a wide concept. We checked the complications reported in 10 articles, redefined and reanalyzed postoperative complications by type (surgical or general complications) and severity (Clavien-Dindo $\geq 3$ ) in our study (lines 178-183; 186-188). The

data about the specific complications have been incorporated into the surgical or general complications group and reanalyzed.

5. Comment: The manuscript needs language editing.

**Authors' response:** We thank the suggestion of the reviewer. The English language has been edited by American Journal Experts.

Thank you for your careful reading and good comments to our manuscript.

We tried our best to improve our manuscript and we hope it is now be acceptable for publication in World Journal of Gastroenterology.

Sincerely yours,

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