

To reviewer 1:

Thank you for your advice!

Neoadjuvant chemotherapy is dispensable and is advisable before ALPPS for colorectal liver metastasis. The inter-stage period for ALPPS is short and dropout rate is low. The main role of upfront chemotherapy is patient selection. Given the systemic nature of the disease, patients with favorable chemotherapy response is more likely to secure disease control after local treatment. In the currently literature there is insufficient evidence to define the optimal interval between chemotherapy and ALPSS. Experience from conventional hepatectomy showed that an interval shorter than 4 weeks was associated with more surgical complications (1). It is reasonable to wait for more than 4 weeks for a more demanding ALPPS. The manuscript has been revised accordingly.

As patient with advanced age has poor outcomes after ALPPS, they may be better candidates for two-stage hepatectomy (TSH), especially when the deficiency in future liver remnant (FLR) is not massive. The manuscript has been revised accordingly.

The conclusion has been simplified.

-----

To reviewer 2:

Thank you for your advice!

We have revised and restructured the manuscript to make it more organized. We have also revised the title so that it better reflects the contents of the paper, which is an updated comparison between ALPPS and two-stage hepatectomy (TSH), followed by a review of strategies to improve the outcomes of ALPPS.

We have included Oldhafer et al.'s (2) milestone paper while reporting the oncological outcomes of ALPPS for colorectal liver metastasis (CRLM).

We have revised and simplified the tables to include the essential data only so that the readability is better.

Thank you!

1. Welsh FK, Tilney HS, Tekkis PP, John TG, Rees M. Safe liver resection following chemotherapy for colorectal metastases is a matter of timing. *Br J Cancer*. 2007;96(7):1037-42.
2. Oldhafer KJ, Donati M, Jenner RM, Stang A, Stavrou GA. ALPPS for patients with colorectal liver metastases: effective liver hypertrophy, but early tumor recurrence. *World J Surg*. 2014;38(6):1504-9.