

Response to reviewers:

We appreciate each of the reviewers for their time and efforts in evaluating the submitted article. Each comment has been thoughtfully approached and when indicated changes have been made to the article to improve its overall quality. Responses to individual comments are provided below and changes to the primary article are highlighted in yellow.

Reviewer ID: 03326623

Comments: Authors present a potentially interesting registry work on outcome of resection of liver metastases in neuroendocrine tumor patients. However, some major pitfalls in this work must be acknowledged. First and most importantly, there is no information about tumor characteristics (primary site, grading) and patient characteristics (e.g. performance status). Without this pieces of information critical confounders can not be accounted for and thus prevent the manuscript from being of interest in this reviewer opinion. Similarly, presence of extrahepatic disease should be reported and included in the analyses. Is there any available information about pattern of liver metastasis? For example, using classification reported by Frilling et al in ENETS guidelines

We thank the reviewer for these important points. We agree that the additional tumor information would be insightful and is a limitation of the current study. The lack of ability to obtain these data is mentioned in the submitted discussion. To further emphasize this point, we have included tumor grade as an additional factor in our discussion on page 10 so that it now reads:“For example, the database lacked relevant information such as the symptomatic status of patients, functional status of tumors, tumor grade, or presence of extra-hepatic disease.”

However, as the aim of the current study is to investigate the short-term (ie safety) outcomes of surgery for neuroendocrine liver metastases, complete oncologic information (e.g. Ki67, presence of extrahepatic disease, etc), while important, does not necessarily negate the value and importance of the study’s findings.

More concerns are: - using this register, if a patient underwent multiple resections, would Authors be able to discriminate among them?

In response to the reviewer’s suggestion, we have added the following data on number of partial liver resections to table 1. Please note that “0” refers to patients that did not undergo partial hepatectomy (ie hemihepatectomy was performed).

Concurrent partial liver resections	
• 0	205 (30.6%)
• 1-5	385 (57.5%)
• 6-9	44 (6.6%)
• >10	5 (0.7%)
• NR	30 (4.5%)

Which and how surgery has been chosen - in how many patients was the 30-days outcome/reammission information available? Since only % are reported in some sentences, denominator should be specified.

Similar to all administrative databases, the specific factors that led to each patient-physician decision is not available. The outcomes data presented are for all 669 patients without missing data.

Reviewer ID: 02497043

Comments: 1. The dot mark in sentences should be after the references. 2. The full name of the abbreviation “LOS” should be written in the place where it were first used.

We thank the reviewer for this suggestion and the manuscript has been accordingly updated.

Reviewer ID: 02549888

Comments: Title: Apt. Abstract: Well written gives a proper insight of the article. Introduction: Satisfactory. Materials and methods: Quite elaborate. Results: Well tabulated and analyzed. Discussion: Every issue well discussed giving proper justifications. Conclusions drawn are useful. Overall a very good study and analysis.

We sincerely appreciate the reviewer's review of our manuscript and their positive comments.

Reviewer ID: 00054672

Comments: Thank you for the opportunity to review this manuscript. This is a well written retrospective review of the 2014-2017 ACS-NSQIP results for patients who underwent hepatectomy for neuroendocrine liver metastases, with the 30-day follow-up regarding their morbidity and mortality. Results are well presented followed by focused and comprehensive discussion. This is informative and highly relevant paper and I recommend its publication. Minor comment: please better explain ACS-NSQIP

We thank the reviewer for this favorable review and suggestion. ACS-NSQIP is better explained now to read as follows:

'The ACS-NSQIP data set **is a national validated and risk adjusted outcomes based database** that includes demographic, clinical, perioperative, and 30 day post-operative details of patients undergoing surgery from 600 eligible hospitals across the United States.'