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Title: A Retrospective Analysis of Irinotecan-based Regimen Versus Oxaliplatin-based Regimen for Neoadjuvant Chemotherapy in Patients with Resectable Colorectal Cancer with Liver Metastasis in China

Journal: World Journal of Gastrointestinal Surgery

Response to Reviewers' comments

Dear Editor,

We thank you for your careful consideration of our manuscript. We appreciate your response and overall positive initial feedback and made modifications to improve the manuscript. After carefully reviewing the comments made by the Reviewers, we have modified the manuscript to improve the presentation of our results and their discussion, therefore providing a complete context for the research that may be of interest to your readers.

We hope that you will find the revised paper suitable for publication, and we look forward to contributing to your journal. Please do not hesitate to contact us with other questions or concerns regarding the manuscript.

Best regards,

Reviewer #1

This is an article to a retrospective analysis of irinotecan based regimen versus oxaliplatin based regimen for neoadjuvant chemotherapy in resectable colorectal cancer with liver metastasis patients in China. The authors concluded that the efficient of irinotecan and might contributed to modify the guideline of treatment for CRLM. That is interesting and helpful.

Response: We thank the Reviewer for the comments and recognizing the importance of these results.

Reviewer #2

*I suggest authors to add some considerations about HIPEC. Cite: 51. Bacalbasa N, Balescu I, Cretoiu D, et al. Determination of whether HIPEC is beneficial in patients with synchronous peritoneal and liver metastases from colorectal cancer (Review). *Exp Ther Med* 22: 1267, 2021. doi: 10.3892/etm.2021.10702.*

*Some peculiarities about colorectal cancer in pregnant women are needed. Cite: Predescu D, Boeriu M, Constantin A, et al. Pregnancy and Colorectal Cancer, from Diagnosis to Therapeutical Management - Short Review. *Chirurgia (Bucur)*. 2020 Sept-Oct;115(5):563-578. doi: 10.21614/chirurgia.115.5.563.*

Response: We thank the Reviewer. We cited these references in the Discussion.

Editorial office

Abbreviations

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations,

such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

(1) Title: Abbreviations are not permitted. Please spell out any abbreviation in the title.

(2) Running title: Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

(3) Abstract: Abbreviations must be defined upon first appearance in the Abstract.

Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori).

(4) Key Words: Abbreviations must be defined upon first appearance in the Key Words.

(5) Core Tip: Abbreviations must be defined upon first appearance in the Core Tip.

Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(6) Main Text: Abbreviations must be defined upon first appearance in the Main Text.

Example 1: Hepatocellular carcinoma (HCC). Example 2: Helicobacter pylori (H. pylori)

(7) Article Highlights: Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: Helicobacter pylori (H. pylori)

(8) Figures: Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text.

Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

(9) Tables: Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

Response: The abbreviations were revised according to these rules.

Science editor

This manuscript explored irinotecan based regimen versus oxaliplatin based regimen for neoadjuvant chemotherapy in resectable colorectal cancer with liver metastasis patients. It is suggested to add some considerations about HIPEC and enrich the citation of references. And re-provide the required Institutional Review Board Approval Form or Document and Signed Informed Consent Form(s) or Document(s).

Response: We thank the Science Editor. We added a statement in the Discussion about HIPEC and cite some references that “After all, hepatic resection is considered a standard treatment for CRLM, including populations, such as those treated with hyperthermic intraperitoneal chemotherapy (HIPEC) and pregnant women[1, 2]”. HIPEC can also be performed before or after surgery, and future studies should examine which HIPEC strategy and combined with which chemotherapy would achieve the better outcomes. We attached the requested Institutional Review Board Approval Form.

Company editor-in-chief

I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, “Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...”. Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file. Please authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should

conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please check and confirm whether the figures are original (i.e. generated de novo by the author(s) for this paper). If the picture is 'original', the author needs to add the following copyright information to the bottom right-hand side of the picture in PowerPoint (PPT): Copyright ©The Author(s) 2022.

Response: We thank the Editor-in-Chief for the comments. We now provide the decomposable figures in a ppt file. The Tables were revised according to the request. All figures are original and the copyright statement was added to the ppt file.

1. Predescu, D., et al., *Pregnancy and Colorectal Cancer, from Diagnosis to Therapeutical Management - Short Review*. Chirurgia (Bucur), 2020. **115**(5): p. 563-578.
2. Bacalbasa, N., et al., *Determination of whether HIPEC is beneficial in patients with synchronous peritoneal and liver metastases from colorectal cancer (Review)*. Exp Ther Med, 2021. **22**(5): p. 1267.