

- This is an extremely well done paper, enclosing and deeply describing most aspects of the treatment of colorectal liver metastases.
  - Thank you very much
- I would only suggest to include some more detail for example on the importance of imaging in guiding and controlling ablative procedures. A lot of efforts have been made by interventional radiologists in order to enhance the rate of treatable patients. For example, the larger diffusion of fusion imaging and virtual navigation are increasing the rate of patients that can be treated, including also those with invisible lesion at US. Other interesting and promising techniques are MRI guided ablations and PET guided ablations. Please, consider including in the references the following papers:
  - Real-time US-CT/MRI image fusion for guidance of thermal ablation of liver tumors undetectable with US: results in 295 cases. Mauri G, Cova L, De Beni S, Ierace T, Tondolo T, Cerri A, Goldberg SN, Solbiati L. Cardiovasc Intervent Radiol. 2015 Feb;38(1):143-51.
  - MR-guided radiofrequency ablation using a wide-bore 1.5-T MR system: clinical results of 213 treated liver lesions. Rempp H, Waibel L, Hoffmann R, Claussen CD, Pereira PL, Clasen S. Eur Radiol. 2012 Sep;22(9):1972-82. doi: 10.1007/s00330-012-2438-x. Epub 2012 Apr 18.
  - PET/CT-guided percutaneous liver mass biopsies and ablations: targeting accuracy of a single 20 s breath-hold PET acquisition. Shyn PB, Tatli S, Sahni VA, Sadow CA, Forgione K, Mauri G, Morrison PR, Catalano PJ, Silverman SG. Clin Radiol. 2014 Apr;69(4):410-5. doi: 10.1016/j.crad.2013.11.013. Epub 2014 Jan 8. PMID: 24411824
    - Thank you very much! Yes, these are all included now.
- Immediate intraprocedural monitoring of the effectiveness of percutaneous ablation is extremely important, as it allows for enhancing the rate of completely ablated tumors. Moreover, by allowing the immediate retreatment of incompletely ablated tumors, it may reduce the number of subsequent retreatments, with also a reduction of costs. Please, consider including in the references:
  - Comparative evaluation of three-dimensional Gd-EOB-DTPA-enhanced MR fusion imaging with CT fusion imaging in the assessment of treatment effect of radiofrequency ablation of hepatocellular carcinoma. Makino Y1, Imai Y, Igura T, Hori M, Fukuda K, Sawai Y, Kogita S, Fujita N, Takehara T, Murakami T. Abdom Imaging. 2015 Jan;40(1):102-11. doi: 10.1007/s00261-014-0201-2.
  - Intraprocedural contrast-enhanced ultrasound (CEUS) in liver percutaneous radiofrequency ablation: clinical impact and health technology assessment. Mauri G, Porazzi E, Cova L, Restelli U, Tondolo T, Bonfanti M, Cerri A, Ierace T, Croce D, Solbiati L. Insights Imaging. 2014 Apr;5(2):209-16
  - Image-based monitoring of magnetic resonance-guided thermoablative therapies for liver tumors. Rempp H, Clasen S, Pereira PL. Cardiovasc Intervent Radiol. 2012 Dec;35(6):1281-94. doi: 10.1007/s00270-011-0227-6. Epub 2011 Jul 22.
    - Yes, these are all included now. Thank you!
- Please include the most recent literature about various ablative techniques in the tables. For example, I suggest including at least:
  - Small liver colorectal metastases treated with percutaneous radiofrequency ablation: local response rate and long-term survival with up to 10-year follow-up. Solbiati L,

Ahmed M, Cova L, Ierace T, Brioschi M, Goldberg SN. Radiology. 2012 Dec;265(3):958-68. doi: 10.1148/radiol.12111851. Epub 2012 Oct 22. PMID: 23091175

- AJR Am J Roentgenol. 2014 Aug;203(2):W181-91. doi: 10.2214/AJR.13.10747. Epub 2014 Feb 20. Percutaneous imaging-guided cryoablation of liver tumors: predicting local progression on 24-hour MRI. Shyn PB1, Mauri G, Alencar RO, Tatli S, Shah SH, Morrison PR, Catalano PJ, Silverman SG.
- Thermal ablation of colorectal liver metastases: a position paper by an international panel of ablation experts, the interventional oncology sans frontières meeting 2013. Gillams A, Goldberg N, Ahmed M, Bale R, Breen D, Callstrom M, Chen MH, Choi BI, de Baere T, Dupuy D, Gangi A, Gervais D, Helmberger T, Jung EM, Lee F, Lencioni R, Liang P, Livraghi T, Lu D, Meloni F, P
  - These are wonderful references. They are all included now. Many of the percutaneous trials with long-term follow-up data are now added to tables as well. Thank you.
- I would like to thank the editors and reviewers for all of their thoughtful inputs which have helped make this project successful.
- I have also made updates to the Abstract, Core Tips, Introduction in addition to creating new sections in the Percutaneous Ablation section to address the reviewer comments. The Medical Oncology and Embolization sections have no major changes from the version read by our reviewers.
- I noticed after updating that there is an edited .docx version on the website for download. My apology for editing the version I submitted. I have addressed all the edits in “edit-tracking” mode on both documents.
- Language editing: Respectfully, I am a native English speaker fluent in professional English

Sincerely,