<div align="center">**Responses to reviewer comments:**</div>

1 Title. Does the title reflect the main subject/hypothesis of the manuscript?

This manuscript only discusses the risks of the conjunction of ablation therapy. Whether it lengthens the survival period or increases the quality of life is not mentioned. I suggest removing 'benefits' from the title.

We have removed the suggested words.

3 Key Words. Do the key words reflect the focus of the manuscript?

The keywords were not sufficient to reflect the focus of the manuscript. Words such as 'bile leaks,' 'bleeding,' and 'surgical site infections' are recommended to be added.

We have added the suggested key words.

7 Discussion. Does the manuscript interpret the findings adequately and appropriately, highlighting the key points concisely, clearly and logically? Are the findings and their applicability/relevance to the literature stated in a clear and definite manner? Is the discussion accurate and does it discuss the paper's scientific significance and/or relevance to clinical practice sufficiently?

The first two paragraphs were to express two distinct ideas. One was the superiority of operative treatments over non-operative treatments. Another was the superiority of surgical resection combined with ablation therapy over surgical resection alone. I recommend expressing these two ideas stepwise.

We agree with the reviewer that these are two distinct ideas and are presented in stepwise to make the argument that liver ablation should be seriously considered in conjunction with surgery for improved outcomes, especially if ablation does not increase risk of perioperative morbidity.

A substantial part of the discussion segment described relevant factors for some risks, such as bile leaks, organ space infections, significant bleeding. However, it's not the central theme of the article. In my opinion, this part needs to be cut short; otherwise, words like 'risk factors for complications' should be added to the title. Some discussion about the reason why ablation therapy in conjunction with surgical resection did not increase risks is more important. It is better to add these content.

As suggested, we edited the discussion to include less information about the risk factors for these adverse outcomes. Specifically we edited the section on surgical site infections. In summary, we feel that ablation is a safe adjunct modality to surgery. There is a hesitation to use ablation because of concern that it affects the biliary tree and may increase risk of bile leak and organ space abscesses; however we demonstrate that ablation does not increase risk of any peri-operative adverse outcomes.

(1) Science editor:

1 Conflict of interest statement: Academic Editor has no conflict of interest.

2 Scientific quality: The author submitted a study of role of ablation therapy in conjunction with surgical resection for neuroendocrine tumors. The manuscript is overall qualified.

(1) Advantages and disadvantages: The reviewer have given positive peer-review reports for the manuscript. Classification: Grade B; Language Quality: Grade A. It is a good research. the hypotheses of the article is clear and proved rigorously. The findings of the article is useful for clinical physicians. This manuscript only discusses the risks of the conjunction of ablation therapy. Whether it lengthens the survival period or increases the quality of life is not mentioned. The reviewer suggest removing 'benefits' from the title. The keywords were not sufficient to reflect the focus of the manuscript. Words such as 'bile leaks,' 'bleeding,' and 'surgical site infections' are recommended to be added.

We have added the suggested key words and changed the title to reflect the reviewer suggestions.

(2) Main manuscript content: The author clearly stated the purpose of the study and the research structure is complete. However, the manuscript is still required a further revision according to the detailed comments listed below.

We have made adjustment to the manuscript and discussion table as indicated by the comments.

(3) Table(s) and figure(s): There are 3 Figures, 2 Tables and 5 Supplementary Tables should be improved. Detailed suggestions for each are listed in the specific comments section.

We have made adjustment to the tables and figures as indicated by the comments.

(4) References: A total of 38 references are cited, including 3 published in the last 3 years. The reviewer didn't request the authors to cite improper references published by him/herself.

3 Language evaluation: The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript. Before final acceptance, the authors must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: https://www.wjgnet.com/bpg/gerinfo/240.

4 Specific comments: (1) Please provide the filled conflict-of-interest disclosure form. We have provided a document stating none of the authors have any COI to disclose.

(2) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A, B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends are incorrectly formatted and require a general title and explanation for each figure. Such as Figure 1 title. A: ; B: ; C: . We have one figure in the manuscript which we uploaded in PPT format. It is an original figure and does not need authorization. Each table already has a title.

(3) Title: Abbreviations other than special types of words such as COVID-19 and SARS-CoV-2 are not allowed in the article title, and no more than 18 words are allowed. We have removed the abbreviation and shortened the title as requested.

(4) The "Article Highlights" section is missing. Please add the "Article Highlights" section at the end of the main text (and directly before the References). We have added the "article highlights" section requested.

(5) Please provide the PMID numbers and DOI citation numbers to the reference list and list all authors of the references. If there is no PMID or DOI, please provide the website address. We have provided the PMID and DOI citation numbers for all studies in our reference list.

(6) Please provide the primary version (PDF) of the Institutional Review Board's official approval, prepared in the official language of the authors' country. We have uploaded a document stating that IRB approval was waived.

(7) Please provide the primary version (PDF) of the Informed Consent Form that has been signed by all subjects and investigators of the study, prepared in the official language of the authors' country. We have uploaded a document explaining that informed consent was not required due to de-identified data from participant user files.

(8) Please provide the Biostatistics Review Certificate. We have uploaded a document to address this.

5 Recommendation: Conditional acceptance.

Language Quality: Grade A (Priority publishing)
Scientific Quality: Grade B (Very good)

(2) Company editor-in-chief:

When revising the manuscript, it is recommended that the author supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply PubMed, or a new tool, the *RCA*, of which data source is PubMed. *RCA* is a unique artificial intelligence system for citation index evaluation of medical science and life science literature. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our *RCA* database for more information at: https://www.referencecitationanalysis.com/, or visit PubMed at: https://pubmed.ncbi.nlm.nih.gov/.