

**We thank the reviewers and editor for their valuable comments, which helped strengthen our manuscript. All comments were accepted and the appropriate changes were made in the manuscript using “track changes.” Thank you for your time and consideration of our manuscript.**

REVIEWER#1:

-The review is well written and complete.

**Thank you very much for the positive feedback. We appreciate it.**

-Only a minor comment: regarding ablation of Intrahepatic carcinoma using Radiofrequency, there exists some suggestion that MWSA is superior to RFA even up to ICC up to 3 and even 4 cm in patients not eligible for surgery (Intrahepatic Cholangiocarcinoma and Thermal Ablation: Long-term Results of An Italian Retrospective Multicenter Study. Giorgio A, Gatti P, Montesarchio L, Santoro B, Dell'Olio A, Crucinio N, Coppola C, Scarano F, Biase F, Ciracì E, Semeraro S, Giorgio V. J Clin Transl Hepatol. 2019 Dec 28;7(4):287-292. doi: 10.14218/JCTH.2019.00036. Epub 2019 Nov 27.

**This change has been made. Thank you for bringing this paper to our attention. We revised that section to reflect this evidence and included it as a citation.**

REVIEWER#2:

-This is a very valuable review that systematically describes the significance, methods and outcomes of local treatment for liver metastases. The review covers a comprehensive method of commonly used local therapies, as well as local therapies for liver metastases such as Colon, breast, and lung cancers, which are most likely to metastasize to the liver. It includes the advantages and disadvantages of each local therapy, and the direction of possible future for clinical research. The article may have an important role in guiding clinical research and work.

**Thank you very much for the positive feedback. We appreciate it.**

-However, there are some issues that need to be considered as follows: First, “2.1 transdermal vaporization, chemovaporization, and radioization” Line 9, Paragraph 5. Please provide the literature for “the RECIST”.

**This change has been made, and a citation was added as requested.**

-Line 15, Paragraph 5. Please provide the source of “the ESL standard”.

**This change has been made, and a citation was added as requested.**

-Second, “2.2 Ablative Strategies”, Lines 6-8, Paragraph 1, please provide supporting references.

**This change has been made, and citations were added as requested.**

-Third, “4.4 Ablation in Nelm, 1-5 lines in the first paragraph: “Ablation can be used alone or in conjunction with surgical rehabilitation. When used in conjunction with section, it can both widen the candidates for section and provide debulking in Bilobar disease. Retrospective Study of 16 patients who had a median of 23 liver metastases each were treated with section and RFA and achieved a 3-year OS of 86 percentage.” Reference 58 in Paragraph 1 does give an important clinical indication of local therapies for multiple liver metastases (more than 15 metastases). Given the limitations of the study itself, such as the very small number of cases (only 16), a retrospective study, it is difficult to support the author's point of view (Line 1-3, first paragraph). It is suggested that further detailed analysis of the study and clinical implications of this literature should be conducted so as to avoid misleading the readers. The fact is that not all multiple metastatic liver cancers can be successfully ablated. In real world this is only seen in highly selective cases.

**This change has been made. We agree regarding this well-made point. We revised the section to soften the claims being made and cited studies with more power.**

#### SCIENCE EDITOR:

1 Scientific quality: The manuscript has a title: “Metastatic Disease to the Liver: Locoregional Therapy Strategies and Outcomes.”. The topic is within the scope of the World Journal of Clinical Oncology.

(1) Classification: Grade B and B (very good);

(2) Summary of the Peer-Review Report: This review aimed at evaluating recent advances in liver-directed therapies for metastatic liver disease from primary colorectal, neuroendocrine, breast, and lung cancer, as well as uveal melanoma, cholangiocarcinoma, and sarcoma. Therapies discussed include bland transarterial embolization, chemoembolization, radioembolization, and ablative therapies, with a focus on current treatment approaches, outcomes of locoregional therapy, and future directions in each type of metastatic disease;

(3) Format: There are 2 tables;

(4) References: A total of 151 references are cited.;

(5) Self-cited references.;

(6) References recommendations: The authors have the right to refuse to cite improper references recommended by the peer reviewer(s), especially those published by the peer 5 / 6 reviewer(s) him/herself (themselves). If the authors find the peer reviewer(s) request for the authors to cite improper references published by him/herself (themselves), please send the peer reviewer's ID number to [editorialoffice@wjgnet.com](mailto:editorialoffice@wjgnet.com). The Editorial Office will close and remove the peer reviewer from the F6Publishing system immediately.

2 Language evaluation: Classification: Grade A and B (Minor language polishing).

3 Academic norms and rules:

4 Supplementary comments: This is an invited review.

5 Issues raised:

(1) The “Author Contributions” section is missing. Please provide the author contributions;

**This change has been made, and author contributions have been added.**

(2) PMID and DOI numbers are missing in the reference list. Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references.

**This change has been made, and PMID and DOI numbers were added.**

6 Re-Review: Required.

7 Recommendation: Conditional acceptance

COMPANY EDITOR-IN-CHIEF:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Oncology, 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.

**Thank you very much for the positive feedback. We appreciate it.**