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Sirs,

Please find enclosed the first revision of our manuscript entitled *ADVANCES IN LOCAL ABLATION OF MALIGNANT LIVER LESIONS* which we would like to submit for review once again to the *WORLD JOURNAL OF GASTROENTEROLOGY*. We like to comment on the remarks of the reviewers as follows:

Rev. # 1 (68153)

According to the reviewer, the manuscript could be left unchanged.

Rev. # 2 (3004829)

This reviewer requested several improvements. For a better understanding, we comment on the following main topics:

1. Regarding the targeting section, we minimized the numbers and information provided in the text in order to improve the readability. The discussion of the data is included in the summary section.

2. a) In “Technical innovations”, the reviewer asked to insert a short paragraph explaining the physics of MCT as well as differences comparing RFA to MCT. We decided to add a short passage concerning basic principles of MCT in the main text, however, a comparison of MCT to RFA is expressed in the new table 1.
b) The term “in several respects” is deleted and replaced by the term “largely”.
c) Tumor size is now described better, when talking about “larger tumors”.
d) The term “... is owing a ...” is replaced by a simple statement of lacking evidence.
3. The success rate of ablation is now displayed with relation to the tumor size in the “Imaging” section.
4. The term “Mean time to lesion acquisition” is a literal citation out of the original publication, as given in the references.
5. I have to apologize for the word “roboter”, which is now replaced by the English word “robot”.
6. The phrase beginning with “No wonder, ...” is completely revised and rewritten.
7. Sadly, the last paragraph describing Go and its similarities with local ablation is deleted.

The manuscript has now been thoroughly revised and parts of it have been completely rewritten. I trust that the enclosed manuscript now meets the high standard of the **WORLD JOURNAL OF GASTROENTEROLOGY** and am looking forward to your positive response.

Sincerely yours

Robert M. Eisele, *M.D.*