

Dear Editor,

Thank you very much for your letter and advice. We also appreciate the constructive criticisms of the reviewers. This letter explains the changes made to the manuscript "Future directions of image-guided thermal ablation in colorectal cancer lung oligometastase" (Manuscript NO: 114727) in response to the comments of the reviewers. A point-by-point summary of all revisions is at the end of this letter.

With best wishes,

Chuanming Li

Reviewer 1

Q1. Suggest to remove 'Limitations and '...more better with 'Future Direction of Image-Guided Thermal Ablation in Colorectal Cancer Lung Oligometastases'.

Response: Thanks very much for the reviewer's suggestion. We have updated the title in the new version.

Q2. Complication arise from this DCE-CT?

Response: Thanks for your question. DCE-CT may cause complications including allergic reactions (ranging from mild rashes to severe allergic/anaphylactoid reactions or rare fatal shock), contrast-induced acute kidney injury (CIN/CI-AKI), thyroid dysfunction (iodine load-related), local venous extravasation, mild gastrointestinal discomfort, or injection site reactions. Additionally, cumulative radiation exposure from multiple scanning sequences in DCE-CT should be considered. We have added information on DCE-CT complications in the latest version. (Page 5, Line 9-12; REFERENCES[12],[13])

Q3. What are the contraindications of this DCE-CT?

Response: Thanks for your question. DCT-CT contraindications include severe renal insufficiency (low eGFR, typically defined as <30–45 mL/min/1.73m² as high risk), known severe allergy to iodinated contrast agents, and pregnancy. These details have been incorporated into the updated version. (Page 5, Line 12-14; REFERENCES[14])

Reviewer 2

Q1. Overlap between abstract and body: Much of the abstract repeats content verbatim from the main letter. Since Letters to the Editor are often brief, consider streamlining the abstract to emphasize novelty and focus.

Response: Thank you for this insightful suggestion. We have removed the relevant content in the latest version. (Page 3, Line 8-16)

Q2. Depth of literature engagement: While several references are cited, the letter could benefit from integrating more recent evidence on comparative outcomes of IGTA vs SBRT or surgery, to strengthen the case for future randomized or matched studies.

Response: Thanks very much for the reviewer's suggestion. We have updated this section and added relevant papers in the new version. (Page 5, Line 23-28; REFERENCES[23],[24],[25])

Q3. Micro-level critique: Some limitations (e.g., imaging feature analysis of necrosis/margins) could be further contextualized with supporting studies to demonstrate their prognostic value in CRC metastases specifically, rather than extrapolated from broader oncology contexts.

Response: Thank you for this suggestion. We have updated this section and added relevant papers in the new version. (Page 5, Line 28-29; Page 6, Line 1-5; REFERENCES[28],[29])

Q4. Balance of discussion: The critique is heavily weighted toward limitations; adding a brief acknowledgment of IGTA's strengths (such as minimal invasiveness and repeatability) within the main body (not only in the introduction) would provide better balance.

Response: Thank you for this insightful suggestion. We have added the description of IGTA's advantages in the new version. (Page 7, Line 1-4)

Q5. Abstract: Recommend shortening to ~150 words, focusing on two or three key limitations and one or two main future directions. Currently, it is almost as long as a mini-review. Paragraph 2 (Background): The section on CRC epidemiology and general treatment could be abbreviated, as this is well-known to the readership.

Response: Thank you for this suggestion. We have abbreviated the section on CRC epidemiology and general treatment in the revised document. (Page 4, Line 13-14)

Q6. Paragraph 4 (Limitations): The suggestion to incorporate radiomics could be more specific—e.g., highlighting texture analysis or metabolic tumor volume as predictive features.

Response: Thank you for this valuable suggestion. We have modified the content of the integrated radiomics section to be more targeted. (Page 6, Line 21-26; REFERENCES[34];[35])

Q7. Conclusion: Strong and well-formulated. Could benefit from emphasizing the translational potential of integrating pathology + functional imaging to refine patient selection, which is a central clinical challenge.

Response: Thank you for this suggestion. We have added descriptions for the corresponding content in the latest version. (Page 7, Line 6-13)