

## **BPG 58224 De Raffele E et al ANSWERS TO REVIEWERS COMMENTS**

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** This manuscript has reviewed the latest studies about the optimal way of surgery for advanced colorectal carcinoma with synchronous liver metastases, including conventional and mini-invasive approaches, staged and synchronous resections. And the author also compared the differences between various treatments of resection. It seems meaningful in the colorectal cancer and liver metastases clinically.

However, some content not related to surgical resection can be simplified, such as “THERAPEUTIC STRATEGIES FOR SYNCHRONOUS CRLM, Preoperative evaluation, Neoadjuvant chemotherapy for resectable CRLM, Clinical and prognostic relevance of genetic mutations of CRLMs”.

All these paragraphs have been shortened and simplified. However we believe that:

- 1) the role of preoperative imaging must be emphasized because it is relevant for planning the extent of hepatic resection, especially when the patient is an appropriate candidate for simultaneous colorectal and liver resection;
- 2) the impact of perioperative chemotherapy in preoperative evaluation is highly relevant in candidates for complex liver surgery, including parenchymal-sparing resections, because the theoretical advantages on the oncological outcome should be compared to the increased risk of postoperative complications up to liver failure;
- 3) the role of neoadjuvant chemotherapy in resectable liver metastases and of genetic mutations is relevant because they are somewhat related to tumour biology and should be carefully considered when planning overall treatment strategies for colorectal cancer with synchronous metastases, including surgical strategy.

In addition, there are too many references, it is best to reduce some references.

Thirty-five references have been eliminated.

Reviewer #2:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Major revision

**Specific Comments to Authors:** This manuscript has reviewed the optimal way of surgery in the light of colorectal cancer and liver metastases, including traditional simultaneous resections and mini-invasive techniques. It seems meaningful and credible in the colorectal cancer and liver metastases clinically.

Maybe authors should focus the clinical status of colorectal cancer and liver metastases, the probable reasons between direct and indirect aspects of colorectal cancer and liver metastases, as well as demonstration of comparable methods among staged and synchronous resections and mini-invasive ways. Therefore, some chapters such as "THERAPEUTIC STRATEGIES FOR SYNCHRONOUS CRLM" and "PARENCHYMAL-SPARING LIVER RESECTION" can be condensed in quantities.

These paragraphs have been shortened and simplified. However the chapter "PARENCHYMAL-SPARING LIVER RESECTION" has been only slightly modified because we have tried to extensively present all the controversial issues involving parenchymal-sparing liver resections and surgical strategies for multiple bilobar liver metastases: we believe these issues are among the most relevant in expanding the indication for liver surgery in colorectal cancer with liver metastases.

In addition, reference numbers are too many to present. Authors should reduce the reference papers of the same citing place and keep the full cited reference numbers no more than 100 papers in this manuscript.

Thirty-five references have been deleted. All others were considered significant to support the numerous paragraphs of the paper and to help WGJ readers obtain more information on the relevant issues discussed in the paper.

Reviewer #3:

**Scientific Quality:** Grade D (Fair)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Minor revision

**Specific Comments to Authors:** The review article 'Simultaneous colorectal and parenchymal-sparing liver resection for advanced colorectal carcinoma with synchronous liver metastases. Between conventional and mini-invasive approaches' describes the latest studies in the field of CRC surgery and liver metastases and especially discusses the timepoint of resection for the primary cancer and its metastases.

Firstly, the manuscript does not show any original data, since it is a review. The analysis of literature has been unstructured, no systematic or meta-analysis review.

The article is a narrative review in which we attempted to summarize all the controversial issues involving therapeutic strategies, primarily surgical treatment, of resectable colorectal cancer with synchronous resectable liver metastases. Numerous systematic reviews and meta-analyses already exist for each paragraph and have been included in the reference list.

Secondly, the data of synchronous surgery has been interpreted by the authors as a outcome favouring procedure. Nevertheless, the cohort of patients who benefit should be more precisely described in terms of tumor burden and surgery procedures.

Actually, the most recent available data seem to support simultaneous procedures, especially in more experienced centers. We are probably moving towards more simultaneous procedures, more parenchymal-sparing liver resections and more mini-invasive procedures, and the appropriate indications for each procedure are also changing. We preferred to present the controversial issues in the text and also in the tables we added in the revised manuscript, rather than give a definite opinion on the optimal treatment for each clinical scenario.

Thirdly, the authors reviewed many well designed studies and described their results. Nevertheless, an overview table of studies and results would be very helpful and would underline the conclusion of the review.

As previously stated, the paper is a narrative review in which we attempted to summarize all the controversial issues involving the therapeutic strategies of resectable colorectal cancer with synchronous resectable liver metastases. Consequently, following your suggestions, we preferred to present two tables in which to take up the most relevant controversial issues, as it is currently difficult to suggest definitive conclusions.

**4.3 Editorial office's comments:** Authors must revise the manuscript according to the Editorial Office's comments and suggestions, which are listed below:

**(1) Science editor:**

1 Scientific quality: This is a review of the simultaneous colorectal and parenchymal-sparing liver resection for advanced CRC. The topic is within the scope of the WJG. (1) Classification: Grade C, Grade C and Grade D; (2) Summary of the Peer-Review Report: This manuscript has reviewed the latest studies about the optimal way of surgery for advanced colorectal carcinoma with synchronous liver metastases, including conventional and mini-invasive approaches, staged and synchronous resections. It seems meaningful in the colorectal cancer and liver metastases clinically. However, there are some issues should be addressed. The questions raised by the reviewers should be answered. The answers to the reviewers are at the beginning of this text.

(3) Format: There are no tables or figures. The authors need to add some tables or figures. Two tables have been added in the revised manuscript.

A total of 228 references are cited, including 45 references published in the last 3 years. There are 3 self-citations.

The number of references has been reduced.

2 Language evaluation: Classification: Grade B, Grade B and Grade B. 3 Academic norms and rules: The authors provided the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement. No academic misconduct was found in the CrossCheck detection and Bing search. The highest single-source similarity index in the CrossCheck report showed to be 13%. According to our policy, the overall similarity index should be

less than 30%, and the single-source similarity should be less than 5%. Please rephrase these repeated sentences.

The manuscript has been modified according to the CrossCheck report.

4 Supplementary comments: This is an invited manuscript. The topic has not previously been published in the WJG. The corresponding author has published 1 article in the BPG. 5

Issues raised: The authors need to add some tables or figures.

Two tables have been added in the revised manuscript.

6 Re-Review: Required. 7 Recommendation: Conditionally accepted.

**(2) Editorial office director:** I have checked the comments written by the science editor.

**(3) Company editor-in-chief:** I have reviewed the Peer-Review Report, the 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 Cases, 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. Before final acceptance, the author(s) must add a table/figure to the manuscript. Two tables have been added in the revised manuscript.