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Peer Review File

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Review Comments

The incidence of colorectal cancer increases each year, and it ranks third of all malignant tumors. In the manuscript "Effects of multidisciplinary teams on outcomes of colorectal cancer patients with liver metastases", the authors evaluated the effect of a multidisciplinary team (MDT) treatment modality on the outcomes of colorectal cancer patients with liver metastases (CRLMs) in China.

A number of improvements need to be made before the manuscript can be accepted.

(1) Figures legends are missing from the paper.

Response:

We are very sorry for our mistake about missing Figures legends in the paper. The Figures legends are described as follow:

Figures legends

Figure 1. OS analysis of non-MDT versus MDT before propensity matching.

Figure 2. OS analysis of non-MDT versus MDT after propensity matching.

We gave added the Figures legends in the revised manuscript (back of the reference).

(2) Out of the 236 cases, how was it decided which cases would be treated by the MDT? Or how were the 46 patients discussed by the MDT chosen, and how were the 83 patients not discussed by the MDT chosen?

Response:

Many thanks for your comment. Between 2014 and 2018, a total of 236 patients were diagnosed with CRLM in our medical center. All these patients were included in this study, and only 46 of them were discussed by the MDT chosen according to the consultation records of MDT. Considering the differences between the MDT group and the non-MDT group in terms of the baseline characteristics, a 1:2 propensity score-matched (PSM) analysis was used to adjust for these differences. Patients in the two groups were matched at a ratio of 1:2 through PSM (n=46 vs n=83).

Several studies have demonstrated the advantages of MDT in the treatment of a variety of cancer diseases, including CRLM. Therefore, our center recommends that all CRLM patients would be treated by the MDT at the time of

initial diagnosis, even so, there are many CRLM patients not discussed by the MDT chosen. The reasons are as follow:

1. Our center carries out MDT every Thursday afternoon. Emergency patients with bleeding or obstruction may not be able to wait for MDT.

2. There are several research groups in our hospital, different research groups have different situations and preferences to implement MDT modality. Some of the research groups still did not carry out or did not fully carry out MDT modality in CRLM patients, thus resulting in the differences in enrollment. This is also the purpose of this study, which is to promote the superiority of MDT in CRLM patients among all the research groups of our hospital and even across the country.

(3) The treatment guidelines for CRLM were established at your hospital. Are these guidelines suitable to be applied across the entire country?

Response:

In fact, as early as 2017 (DOI: CNKI:SUN:GADZ.0.2017-02-001) and 2018(DOI:10.3760 / cma.j.issn.1673-9752.2018.06.001), China successively launched treatment guidelines for CRLM patients, which specifically recommended that all patients initially diagnosed with CRLM should discussed by the MDT, in which resectable and potentially resectable patients should be further explored in order to make the most beneficial clinical decision for the patients. So these guidelines suitable to be applied across the entire country.

However, due to the differences in objective conditions and treatment habits of hospitals, not all hospitals can follow the guidelines in clinical work. This is also the purpose of this paper, to further strengthen the advantage of evidence of MDT in CRLM patients, so that more hospitals can attach importance and implement the guidelines.

(4) The possible mechanism analysis should be increased; this would better support the conclusions of the study.

Response: Relevant content has been added to the introduction and discussion section. If you think there is still something lacking, in order to be able to answer your comment, we hope you can give more details of this comment, and we are very glad to answer your comment again. Thank you very much.

(5) There is already a similar report (Oncologist. 2012;17(10):1225-39) on PubMed. What is the novel idea in this paper? Please elaborate on this in detail in the introduction.

Response:

Thanks for your insightful comment. To be honest, I have studied the report you mentioned before, we came to a similar conclusion. Although that report

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describes the advantages of MDT in different aspects of diagnosis and treatment in CRLM patients, I still think this paper has some novel idea.

1. In general, medical centers are more inclined to include advanced or intractable cases in MDT, which leads to differences in baseline clinicopathological features between the MDT group and the non-MDT group, and further bias in survival outcomes. In this study, for the first time, PSM was used to balance the baseline differences between the MDT group and the non-MDT group of patients with CRLM, which reduced bias in survival outcomes and enhanced the credibility of the conclusions.

2. There are a large number of CRLM patients in China, and the implementation of standardized MDT modality is conducive to the diagnosis and treatment of CRLM patients. Many centers in China have carried out MDT modality in recent years, but the implementation of MDT in non-cancer specialized hospitals is still not standardized, and there is still a lack of high-quality research to explore the advantages of MDT in CRLM patients in China. As a National Cancer Center, the research published by the national cancer center can serve as a model for other hospitals and benefit more Chinese patients.

Relevant content has been added in the introduction.