Format for ANSWERING REVIEWERS

January 6, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 15707-edited).

Title: Laparoscopic Liver Resection: Toward a Truly Minimally Invasive Approach

Author: Satoshi Ogiso, Etsuro Hatano, Takeo Nomi, Shinji Uemoto

Name of Journal: *World Journal of Gastrointestinal Endoscopy*

ESPS Manuscript NO: 15707

The manuscript has been improved according to the suggestions of reviewers:
1 Format has been updated
2 Revision has been made according to the suggestions of the reviewer

Reviewer's comment #1: Page 2 line 2, "short term" is very polarizing. Those benefits are very well linked to long term out comes: blood transfusion, out of bed/pneumonia, DVT/PE. Suggest rewording.
Our revision: we agree that blood loss and transfusion would be related with long-term outcomes, although there are lacking in the evidence for long-term advantages of laparoscopic hepatectomy. Based on the reviewer's comment, we omitted the word, 'short-term,' and rephrased 'represent' to 'may confirm'.

Reviewer's comment #2: the population that this mainly affects is cirrhotics, however the author makes a sweeping inclusion to all resections. I think cirrhotic population needs to be emphasized in this article and suggest that it could be extrapolated to other populations.
Our revision:
We understand the reviewer's concern and, based on the comment, changed the order of 'colorectal patients' and 'hepatocelullar carcinoma patients.' (put 'colorectal patients' first before 'hepatocelullar carcinoma patients')
However, we believe parenchyma-sparing resection are important also for patients with colorectal metastasis. We agree that postoperative liver insufficiency was likely to occur mainly in cirrhotic patients in the past; however, recently, patients with colorectal liver metastases have risks of the same complication because they are now treated with very intensive chemotherapy, which may cause severe hepatic steatosis preoperatively, and very aggressive surgical strategy, which excise the major part of the whole liver using multiple resections. Furthermore, patients with colorectal metastases more often undergo repeated hepatectomy due to intrahepatic recurrence but repeated hepatectomy cannot be actualized if the remnant liver is small.

Reviewer's comment #3: define oncologic prinicple, or at least the aspects your are belaboring.
Our revision: we rephrased 'oncologic principles' to 'sufficient surgical margins' for clarity.

Reviewer's comment #4: Page 3 line 6, "excises non-affected...." wording is very confusing. please reword sentence.
Our revision: we rephrased 'non-affected' to 'non-tumorous' to improve readability.

Reviewer's comment #5: overall good, however the point of the article tends to drift from open good and lap bad...to...make lap as good as open. if that is correct i would consider specifically addressing your intentions initially and readdress accordingly.
Our revision: Thank you for asking our attitude about laparoscopic hepatectomy. We think that laparoscopic hepatectomy would be better than open approach not only in short-term outcomes but also in oncologic outcomes, as several articles has reported oncologic advantages of laparoscopic colectomy over open colectomy. Here, our concern is that some institutions do not perform *laparoscopic parenchyma-sparing* resection but prefer *laparoscopic major* resection because parenchyma-sparing resection is demanding by laparoscopic approach and because patients are satisfied with small incision but not with parenchyma-sparing resection. We afraid that such trend would undermine the benefits of laparoscopy and want to caution laparoscopic surgeons not to excise unnecessary parenchyma.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Endoscopy*.

Sincerely yours,

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