

Format for ANSWERING REVIEWERS

November, 07, 2017



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10125-edited JH Han.doc).

Title: Clinical advantages of single port laparoscopic hepatectomy

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Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 36597

Thank you for your kind comment and questions to make better paper.

We carefully reviewed and discussed about the respectful comments provided by the renowned expert in the field and have made revisions on the first manuscript according to the recommendations. The list addressing each comment raised by the reviewer and the corresponding changes are included below.

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer 02551692

1) The number of patients recruited is acceptable considering: the single center and the reference period
→ During that period (8 years), we did about 2300 cases of liver resection and about 20% of cases were done by laparoscopy. Generally, we did about 300 cases of liver surgery in a year and the ratio of laparoscopic liver resection is increasing.

2) Surgical technique is more difficult than Multi Port Laparoscopic Hepatectomy, but it is used efficiently for benign and malignant diseases.

→ If the disease free margin will be achieved without any major problems, surgical technique of single port is not quite different from multi-port.

3) A limitation of the surgical technique is that it is necessary a good experience with Single Port technique and the learning curve is longer. 4) An expert surgeon can perform hepatectomy with this technique in less time, with lower blood loss and generally with lower intraoperative and postoperative complications. 5) There is a shorter length of stay with Single Port Laparoscopic technique. 6) An expert surgeon can also perform hepatectomy with this technique in malignant diseases, with good safety margins of resection; in literature this technique is performed only for benign diseases.

→ Actually, most of single-port liver resection was done by one highly experienced surgeon (corresponding author) and it is addressed in method and discussion.

Thank you for your kind opinion.

Reviewer 00183086

1) In the Introduction section the Number of paragraphs should be reduced. Previously published Information should be avoided. On the contrary, single-port laparoscopic hepatectomy and relevant indications should be more analysed.

→ As your recommendation, we added indications of single-port laparoscopic hepatectomy. The indications of single-port surgery were not different from multi-port surgery. Because, single-port surgery was done by one experienced surgeon, and he did only single-port surgery with same indications of multi-port surgery.

2) In the Methods section inclusion and exclusion criteria should be more clear. Additional demographic data with regard to the two groups of patients are missing. The Information of surgical technique should be more impact.

→ Exclusion criteria of laparoscopic hepatectomy is not very different from open surgery. We only considered the general exclusion criteria of liver resection such as large amount of ascites, hyperbilirubinemia, CTP class C and CTP class B for major hepatectomy. As described in the manuscript, we did laparoscopic surgery for almost of left lateral sectionectomy and partial hepatectomy hepatectomy for the lesion in the antero-lateral portion of the liver. In the case of major

hepatectomy, it was subjective depending on the operator. If a disease free margin was expected to be achieved without major problems, we did hepatectomy via laparoscopy.

We evaluated only age, sex, BMI, presence of liver cirrhosis, CTP score and presence of malignant disease for demographic data. We think these parameters are sufficient to evaluate statistical difference of two groups considering previous reported studies.

Unfortunately, our techniques of single-port laparoscopic hepatectomy is plain. We have used well known techniques and ordinary instruments.

3) In the Results section data including in the Tables should be excluded. The main conclusion of the study is not apparent.

→ As your recommendation, we excluded data including in the tables in results section.

The main conclusion of this study is SPLH is not inferior to MPLH if it is performed by an experienced surgeon. We are not to insist SPLH is superior to MPLH.

4) The Discussion is too narrative. Comparative analysis of recently published data is missing. The final conclusion could be incorporated in the Discussion section.

→ As your recommendation, we incorporated the final conclusion in the discussion section.

Recently published reports for single port laparoscopic hepatectomy are only for benign disease or small size case series. Furthermore, almost of the results of them are not quite different to our results – not inferior to multi port surgery. As far as we know, this is the first large size evaluation for single port laparoscopic hepatectomy for malignant disease. Until now, there have been only our first small size evaluation (24 patients) for hepatocellular carcinoma (reference no. 12).

5) The Number of Tables should be reduced.

→ As your recommendation, we reduced the number of tables.

Reviewer 03003330

1) Authors should demonstrate the tumor distribuion in each groups.

→ As your recommendation, we demonstrated the tumor distribution in result section. There is no significant different between both groups.

(2) The rate of morbidities including conversion rate to open surgery seems to high. Authors should

make comparisons to previous major reports from large centers and describe it in discussion.

→ As you appointed, we described it in discussion section.

Reviewer 02944278

Extremely interesting paper, who shows how minimally invasive approach are valid solution for liver surgery. Results are a little bit surprising, considering single trocar faster than multi trocar surgery. Nice comparison among both techniques regarding left hepatectomies. Nice paper, well written.

→ Thank you for your decision.

3 References and typesetting were corrected

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

Sincerely yours,

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