

1. Comment 1

The manuscript demonstrates the efficacy of anatomical resection for HCC patients focusing of micro vascular invasion. Indeed, microvascular invasion is thought to be one of the important issues of recurrence after hepatectomy, and the risk might be reduced by anatomical resection, but it is still controversial. The authors claimed the benefit of anatomical resection, however the data is not sufficient. In particular, follow up time period is too short. The median follow up time is only 2 years, therefore, when we look at the survival curves of Kaplan-Meier, many cases were censored between 10 months to 30 months and the curves showed just a few cases at the end. The authors are required to show the median survival time and possibly Log Rank Test to avoid the bias of many censored cases.

Response

First, for a cohort study, indeed, the sample size was too small, which is an obvious flaw of this paper. Insufficient follow-up time can be improved. We just need to follow up all the patients again. This study was characterized by a prospective cohort study with complete patient follow-up data. We followed up again, and the cut-off date was May 31, 2021. We reviewed the governmental death registration and made telephone follow-up and follow-up results of 181 (83.4%) people were available. For the rest (36 cases), we obtained the follow-up data through hospitalization and outpatient service. The mean follow-up time was 45.2 ± 6.3 months (median, 46.0 months; range, 30.6-53.4 months). The cumulative survival rate for all patients was 90%, 57%, and 39% at 1-, 3-, and 5- years. Median survival in most subgroups has been achieved by extending the duration of follow-up and the bias has been improved.

2. Comment 2

Please resolve all language issues in the manuscript based on the peer review report. Please be sure to have a native-English speaker edit the manuscript for grammar, sentence structure, word usage, spelling, capitalization, punctuation, format, and general readability, so that the manuscript's language will meet our direct publishing needs.

Response

A language editing service has fixed grammar, formatting and other errors in manuscript. The certificate has been uploaded to the submission system.

3. Comment 3

ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly. Now we list the abbreviations rules as follows

Response

I have changed the abbreviation names in the manuscript according to the abbreviation rules.

4. Comment 4

EDITORIAL OFFICE'S COMMENTS

(1) References: A total of 23 references are cited, including 2 references published in the last 3 years; Self-cited references: There are 0 self-cited references;

Response

I have updated the references and added a self-cited reference.

(2) Language evaluation: Classification: Grade B. please providing the Non-Native Speakers of English Editing Certificate.

Response

I have done the language editing service for the manuscript and uploaded the language certificate.

(3) Academic norms and rules: The authors provided Signed Informed Consent Form or Document

Response

I have uploaded the signed Informed Consent Form.

(4) Supplementary comments: The topic has not previously been published in the WJG

Response

Yes, the topic has not previously been published in the WJG.

(5) Funding

Response

I can't provide the approved grant application form(s) or funding agency copy of any approval document(s), but I can provide the ethical approval. You can delete the supportive foundations.