

Dear Editors:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled "**Functional anatomical hepatectomy guided by indocyanine green fluorescence imaging of patients with localized cholestasis: Four case reports**" (ID: 60363). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the paper and the response to the reviewer's comments are as flowing:

**Responds to the reviewer's comments:**

**Reviewer #1 :**

**Comment 1:** The authors presented four liver cancer cases having the unique fluorescent type during laparoscopic hepatectomy guided by ICG-FI. This is an interesting article, and this seems to be of high value. However, weakness points of this article are, the experience of only four cases, and the consideration of the cause of this unique fluorescence pattern is limited to speculation and is not based on theoretical support.

**Response 1:** Thank you for your careful reading of our manuscript.

**Comment 2:** In addition, not only the dose and timing but also the equipment is important for fluorescence laparoscopy. The equipment used should be described.

**Response 2:** The equipment we used was the PINPOINT™ imaging system (Novadaq Technologies Inc., Ontario, Canada). And we have added the information into the Introduction section in the revised manuscript.

**Comment 3:** Also, I would like to know how many people in total have

undergone fluorescence survey for liver cancer. What is the rate at which such a pattern is observed?

**Response 3:** Since we have operated LH guided by ICG-FI, more than 200 patients underwent fluorescence survey and only 4 (2%) of them showed this unique fluorescence type. And we have added the data into Discussion section.

Thank you again for your comments!

Yours sincerely,

Haosheng Jin