PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 86191

Title: International experts consensus guidelines on robotic liver resection in 2023

Provenance and peer review: Unsolicited Manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03317093

Position: Peer Reviewer

Academic degree: FACS, MD, PhD

Professional title: Chairman, Professor

Reviewer's Country/Territory: Japan

Author's Country/Territory: China

Manuscript submission date: 2023-06-05

Reviewer chosen by: AI Technique

Reviewer accepted review: 2023-06-19 22:07

Reviewer performed review: 2023-06-27 07:30

Review time: 7 Days and 9 Hours

Scientific quality	[Y] Grade A: Excellent　[　] Grade B: Very good　[　] Grade C: Good [　] Grade D: Fair　[　] Grade E: Do not publish
Novelty of this manuscript	[Y] Grade A: Excellent　[　] Grade B: Good　[　] Grade C: Fair [　] Grade D: No novelty
Creativity or innovation of this manuscript	[Y] Grade A: Excellent　[　] Grade B: Good　[　] Grade C: Fair [　] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[Y] Accept (High priority) [ ] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Re-review	[Y] Yes [ ] No
Peer-reviewer statements	Peer-Review: [ ] Anonymous [Y] Onymous
	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This is the interesting summary paper of "International Experts Consensus Guidelines on Robotic Liver Resection in 2023". There are some abbrevitaions that should be spelled out at the first appearance (AR etc). There bare also abbreviations that should be unified such as LLR and LH. In Question 14, the sentences "Liu and his team evaluated the application of ICG using "four-zone three-phase" fluorescence imaging in robot-assisted anatomical hepatectomy in which the liver was divided into 4 anatomical zones include the   "tumor zone", "peritumor zone", "ischemia zone" and "reserved liver zone", while the robotic endoscopic surgery system could display the normal phase, fluorescence phase and fusion phase in the ICG fluorescence imaging on the main screen at the same time(146). Their results suggested the ICG "four-zone three-phase" fluorescence imaging could accurately locate most tumors, clearly display the liver resection plane in a real-time manner and achieved the precision and standardization of anatomical hepatectomy(146)." are not needed. Or, at least, should be more shortened.

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Novelty of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No novelty
Creativity or innovation of this manuscript	[ ] Grade A: Excellent [Y] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No creativity or innovation

Scientific significance of the conclusion in this manuscript	[Y] Grade A: Excellent [ ] Grade B: Good [ ] Grade C: Fair [ ] Grade D: No scientific significance
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In the manuscript page 3 second paragraph line 5 8th word should be RLR instead of RLL

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	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thanks for this comprehensive and informative guidelines in a field that still need to be further explored   .Although the recommendations are still weak in most questions but expected to further develop in the coming future . However I have few comments to the authors to be addressed: 1-In question 2 patients with hcc further verification of the selection and tumor size limits should be included . 2- in question 9 robotic RLR in cirrhotic   strict selection criteria should be added as open surgery and anesthesia exposure are of main concern in this vulnerable group of patients with higher risk of liver decompensation and mortality than non cirrhotic or healthy donors for example   I think the authors should clearly mention this