Dear Editor and Reviewers,

Thank you for your precious comments concerning our manuscript entitled **"International Experts Consensus Guidelines on Robotic Liver Resection in 2023 (ID:86191)"**. We have revised and re-submitted the paper. We appreciate the reviewers' warm work earnestly and hope that the correction will meet with approval. Once again, thank you very much for your comments and suggestions.

Comments from Reviewers:

Reviewer #1:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

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:

Comment 1. In question 2, patients with hcc further verification of the selection and tumor size limits should be included.

Response: Thank you for your kind suggestion. This comment is of great significance in current scientific research and clinical practice. However, based on currently available research, there is no supporting evidence for this issue. We did consider using Clinical Recommendation to address this issue at the time, but after several evaluations it was decided that this rather important topic needed to be based on evidence-based medicine results. Therefore, we have indicated in the last paragraph of question 2 that "Prospective studies are recommended to further evaluate whether the safety and efficacy of RLR can be affected by tumor size, resection complexity, and the quality of the underlying liver parenchyma". Based on more new findings, we may answer that question well in the next edition of the experts consensus guidelines in 2026.

Comment 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.

Response: Thank you for your kind suggestion. This issue you point out is similar to Comment 1. This is something we are very concerned about in this experts consensus guidelines, but there are so few current studies on this, especially no qualified case-control or cohort studies.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (High priority)

Specific Comments to Authors:

In the manuscript page 3 second paragraph line 5 8th word should be RLR instead of RLL.

Response: Thank you for your kind suggestion. We have modified it according to your comment. In addition, we have scrutinized the entire article, especially the abbreviations.

Reviewer #3:

Scientific Quality: Grade A (Excellent)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (High priority)

Specific Comments to Authors: This is the interesting summary paper of "International Experts Consensus Guidelines on Robotic Liver Resection in 2023".

Comment 1. There are some abbreviations that should be spelled out at the first appearance (AR etc).

Response: Thank you for your kind suggestion. We have defined all abbreviations upon first appearance according to your precious comment.

Comment 2. There bare also abbreviations that should be unified such as LLR and LH.

Response: Thank you for your kind suggestion. We have checked all the abbreviations to make them consistent according to your precious comment.

Comment 3. 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.

Response: Thank you for your kind suggestion. We have simplified this sentence.