

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: In brief the the author analyzed 35 patients with resection due to HCC in the setting of liver cirrosis and they investigated the efficacy of their methodology in predicting post resection liver failure (n=12). In biref: The liver stiffness measure (LSM) value and standard residual liver volume (SRLV) were associated with liver dysfunction after hemihepatectomy. Logistic regression analysis showed that an LSM value ≥ 25 kPa (OR= 6.254, $P<0.05$) and $SRLV \leq 0.290$ L/m² (OR= 5.686, $P<0.05$) were independent risk factors for postoperative liver dysfunction. The new liver reserve evaluation model in predicting postoperative liver function was higher than that of the Child–Pugh score ($P < 0.05$). This is conceptually very important study determining the risk of LF by means of non-invasive tests. 1. Major revision of the english language is required 2. What is the superiority of your study to ICG extraction. This point should be discussed in the discussion section.

Comments 1: Major revision of the english language is required

Reply1: The revised manuscript has been sent to professional English language editing company (AJE) to polish. The verification code is A345-BC55-0BE3-970D-77CA.

Comments2: What is the superiority of your study to ICG extraction. This point should be discussed in the discussion section.

Reply2: The superiority of my study compared with ICG extraction were concluded in the discussion section, and highlighted the added contents with yellow color in the revised manuscript.