ANSWERING REVIEWERS

October 2, 2014

Dear Editor,

We thank you very much for the opportunity to submit a revised version of our work and we thank the reviewers for their valuable time and consideration. Please find enclosed the edited manuscript in Word format (file name: 1AJE_Edited_VXWND1TZ_13096_Review_ME1_edited_finalDTB).

Title: **Pushing the frontiers of living donor right hepatectomy**

Author: Seong Hoon Kim, Seung Duk Lee, Young Kyu Kim, Sang-Jae Park

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 13096

The manuscript has been improved according to the suggestions of reviewers. All changes in the manuscript have been highlighted in yellow color.

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer 183029

(1) Did authors use prophylactic abdominal drainage on a routine basis after operation?

Yes, we do. It was described in surgical procedure. Prophylactic drains can detect early complications such as postoperative hemorrhage or bile leakage. But, to reduce the risk of intra-abdominal infections, the drains are removed once the serous drainage has stopped or becomes less than about 100 ml/day, usually no later than 5 days after surgery.

(2) It has been reported that biliary complications in living donor right hepatectomy are affected by the method of bile duct division. Please further comment on how to prevent and manage biliary complications.

In authors' institution, to prevent biliary leakage or stricture, meticulous suture or ligation is placed at any Glisson's pedicle more than 1mm in the cut surface of parenchyma and that the stump of bile duct should be cut at least 2 mm to the right side of the confluence with sharp dissection following complete parenchymal transection.

(3) In authors' institution, are there any donor operation aborted in authors' series, the main reason for the abandonment of the operation process-up, and how a low rate of "no go" donor hepatectomy can be achieved

In our own cohort, there were two cases of aborted donor hepatectomy in the early period of LDLT program. The first case was severe fatty change found by routine intra-operative biopsy in a patient with normal liver function and mild fatty change on pre-operative CT scan. This could have been detected by pre-operative biopsy. In the second case, intra-abdominal metastasis in a recurrent hepatocellular carcinoma patient who had undergone previous partial hepatectomy was not detected by the pre-operative imaging studies, but was found late during the operation. Since then, in LDLT for liver cancer, the donor operation has been started only after confirming the absence of intraabdominal metastasis with full exploration in the recipient. With precise preoperative evaluations, improved surgical technique, and extended selection criteria for living donor, the rate of 'no go' donor hepatectomy is expected to decrease. However, the donor surgeon should be prepared to abort the procedure because the unpredictable can happen such as intraoperative recipient death before procurement of a living donor graft.

Reviewer 68293

This is not a review article; actually, this manuscript focuses on the experiences of the center. The technical refinements are experience-based and the applicability to other centers are still questionable. It would be better considered as an original article with evidence support.

This manuscript was based on both the authors' 8-year institutional experience and a literature review in order to to assess the current status of LDRH and to suggest where the surgery should go from the standpoint of optimizing donor selection criteria and reducing morbidity. The technical refinements and extended selection criteria for living donor right hepatectomy, the main focus of this review, were already published in many articles from the authors' institution that were cited in references. They will give a good example to other centers because the efforts to standardize the surgical procedure in detailed areas of LDRH toward the ultimate goal of zero morbidity were illustrated.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

Seong Hoon Kim, MD, PhD
Organ Transplantation Center, Center for Liver Cancer
National Cancer Center
111 Jungbalsan-ro, Ilsandong-gu, Goyang-si
Gyeonggi-do, 410-769, Republic of Korea
kshlj@hanmail.net/ kshlj@ncc.re.kr