

**Cover letters**

May 12<sup>th</sup>, 2017

Dear Dr. Fang-Fang Ji

Thank you for your January 6<sup>th</sup> letter according to our manuscript entitled **“Impact of laparoscopic liver resection using two-surgeon technique on increased surgical blood loss and postoperative bleeding complication in patients receiving antithrombotic therapy” (Manuscript No. 32963).**

I prepared herein our revised manuscript including figures. Our incorporation of the reviewer’s suggestion is as follows:

- 1) The first reviewers recommended performing a statistical analysis on the whole patients in order to evaluate if there are differences of outcome between the groups of laparoscopic liver resection (LLR) and open liver resection (OLR). According to this suggestion, we added an additional statistical evaluation by logistic multivariate analysis on the whole cohort as follows;

(Abstract, Page 3 Line 20) “Multivariate analysis showed that anatomical liver resection was the most significant risk factor for increased SBL (risk ratio(RR)=6.54, p<0.001) in the whole cohort, and LLR also had the significant negative impact (RR=1/10.0, p<0.001).”

(Page 9 Line 24) “... multivariate analyses for increased SBL in the whole cohort and in the ATT group were performed and shown in Figure 3 as forest plots. In the whole cohort, anatomical liver resection was the most significant risk factor for increased SBL (risk ratio(RR)=6.54, p<0.001) and LLR also had the significant negative impact (RR=1/10.0, p<0.001).”

(Figure 3) Fig 3A was added and the Legend was also added accordingly.

I believe the manuscript has been improved satisfactory and hope it will be accepted for publication in World Journal of Gastrointestinal Endoscopy.

Sincerely,

Dr. Takahisa Fujikawa, M.D., Ph.D., FACS