

ANSWERING REVIEWERS

Dear Editor,

We appreciate the opportunity to revise our manuscript entitled "Laparoscopic versus Open Hepatectomy for Hepatolithiasis: an Updated Systematic Review and Meta-analysis" for consideration for publication in the World Journal of Gastroenterology. We have responded to the editor's comments as well as reviewer's suggestions, and updated our manuscript to address important issues raised in the review. We believe this has significantly improved our manuscript.

The manuscript has not been previously published in whole or in part, nor is it under consideration for publication elsewhere.

Sincerely,

Gen-shu Wang, MD,PHD

Below are our responses to reviewers' comments:

Comment 1: NIL.

Response: Thank you for reviewing our manuscript. We will continue to devote ourselves to scientific research.

Comment 2: The authors submitted a meta-analysis article to discuss the superiority between traditional and laparoscopic hepatectomy for hepatolithiasis. I agree the methodology , results and the discussion. However , I have comment in the abstract. The authors concluded that laparoscopic approach is superior to the open approach in treating hepatolithiasis. It seemed not be suitable. I suggest "The laparoscopic approach is safe and effective, with less intraoperative estimated blood loss,

fewer postoperative complications, reduced length of hospital stay and shorter intestinal function recovery time than with conventional approaches.” is more suitable.

Response: Thanks for your comment. We have hold a group meeting to discuss the conclusion of our manuscript. Then we conclude that your comment about the conclusion of our manuscript seems more suitable. We have revised it, marked with blue font in the revised manuscript.

Comment 3: The manuscript “Laparoscopic versus open hepatectomy for hepatolithiasis: an updated systematic review and meta-analysis” shows the results of a meta-analysis, offering a rigorous comparison of the effects of laparoscopic and open approach for the treatment of hepatolithiasis. The paper is clearly structured and the subgroup analysis contributes to make the results of this work more informative for the scientific community. At the same time, I think that some concerns should be addressed in the manuscript before acceptance for publication. Major revisions: The quality of retrieved retrospective studies was analyzed through the modified Newcastle-Ottawa scale and studies with score ≥ 7 were defined as high quality. The authors should better explain how this cut-off value was determined - if autonomously or according to the existing literature -. In the discussion section, when the results of the two approaches are described, it is stated that some issues related to the laparoscopic approach (surgeons' experience, dissimilarity of operating procedures) may have affected the results. Please clarify the evidence supporting this conclusion. Minor revisions: Although the question/issue is debated, or even pedantic, and it does not appear to be a scientific standard in literature, I should suggest to write the letter P of 'p-value' with no capitalization in the text (fourth paragraph in “Materials and Methods” and below).

1) The quality of retrieved retrospective studies was analyzed through the modified Newcastle-Ottawa scale and studies with score ≥ 7 were defined as high quality. The authors should better explain how this cut-off value was determined – if autonomously or according to the existing literature.

Response: The quality of included studies were assessed using the modified Newcastle-Ottawa scale. We defined studies with score ≥ 7 as high quality. The conclusion was based on other literatures that had already published. Fan et al. defined studies with score ≥ 6 as high quality in their meta-analysis “Laparoendoscopic Single-Site Nephrectomy Compared with Conventional Laparoscopic Nephrectomy: A Systematic Review and Meta-analysis of Comparative Studies” (published on European Urology on June 5, 2012)^[1]. So we used the cut-off of 7 as the boundary. It was more strict. We have cited the reference in the revised manuscript.

2) In the discussion section, when the results of the two approaches are described, it is stated that some issues related to the laparoscopic approach (surgeons' experience, dissimilarity of operating procedures) may have affected the results. Please clarify the evidence supporting this conclusion.

Response: In the discussion section, we concluded that “The surgeons' experience had an impact on hepatic lobe dissection under laparoscopy, which contributed significantly to operating time”, this view was supported by a lot of literatures that had been published. Wu et al. indicated that perioperative outcomes would be stratified by type of surgeon^[2]. When the surgeon groups were skillful at laparoscopic hepatectomy, the intraoperative results especially operative time and blood loss would be better^[3]. Besides, the dissimilarity of operating procedures would also affect the perioperative outcomes. The laparoscopic approach required frequent installation and removal of laparoscopic devices, resulted in additional operative time. The references were cited in revised manuscript. It is marked with red font in the revised manuscript.

3) Although the question/issue is debated, or even pedantic, and it does not appear to be a scientific standard in literature, I should suggest to write the letter P of 'p-value' with no capitalization in the text (fourth paragraph in “Materials and Methods” and below).

Response: Thanks for your precious comments. We used letter P with capitalization according to some literatures previously, such as “Induction therapy with autologous mesenchymal stem cells in living-related kidney transplants: a randomized controlled trial” (Tan et al. published on JAMA)^[4]. We agree with your suggestion for writing the letter P of 'p-value' with no capitalization in the text. We have revised them in the revised manuscript.

1 Fan X, Lin T, Xu K, Yin Z, Huang H, Dong W, Huang J. Laparoendoscopic single-site nephrectomy compared with conventional laparoscopic nephrectomy: a systematic review and meta-analysis of comparative studies. *European urology* 2012; **62**(4): 601-612 [PMID: 22704730 DOI: 10.1016/j.eururo.2012.05.055]

2 Wu TJ, Wang F, Lin YS, Chan KM, Yu MC, Lee WC. Right hepatectomy by the anterior method with liver hanging versus conventional approach for large hepatocellular carcinomas. *The British journal of surgery* 2010; **97**(7): 1070-1078 [PMID: 20632274 DOI: 10.1002/bjs.7083]

3 Langenhuijsen J, Birtle A, Klatter T, Porpiglia F, Timsit MO. Surgical Management of Adrenocortical Carcinoma: Impact of Laparoscopic Approach, Lymphadenectomy, and Surgical Volume on Outcomes-A Systematic Review and Meta-analysis of the Current Literature. *European urology focus* 2016; **1**(3): 241-250 [PMID: 28723392 DOI: 10.1016/j.euf.2015.12.001]

4 Tan J, Wu W, Xu X, Liao L, Zheng F, Messinger S, Sun X, Chen J, Yang S, Cai J, Gao X, Pileggi A, Ricordi C. Induction therapy with autologous mesenchymal stem cells in living-related kidney transplants: a randomized controlled trial. *Jama* 2012; **307**(11): 1169-1177 [PMID: 22436957 DOI: 10.1001/jama.2012.316]