

## Answering the reviewers

Name of Journal: *World Journal Hepatology*

Manuscript NO: 47614

Manuscript Type: REVIEW

### **Outcomes of staged hepatectomies for liver malignancy**

Albati NA *et al.* Staged hepatectomies in liver malignancy

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We would like to thank the editor and reviewers for their detailed comments and suggestions for the manuscript. Below, you will find a point by point description of how each comment was addressed in the manuscript.

#### 1. Reviewer 1:

- In the present review article, Albati et al. documented the techniques and results of staged hepatectomies for primary and metastatic liver tumors. The main target was hepatocellular carcinoma and colorectal metastasis, and they mainly argued about the conventional staged hepatectomy using portal vein embolization (or ligation) and novel ALPPS procedures. Many previous reports have already documented results of the liver regeneration following portal vein embolization or ALPPS procedures and those of staged hepatectomies. In this context, the novel points of the present review were descriptions of modified ALPPS procedures. **I recommend the authors to describe the indications, efficacy and the contribution to the operative safety of these modified procedures in detail.**
- **Replay:** Thank you for identifying this area of potential ambiguity, we based our review to compare the conventional two staged hepatectomy, PVE/Ligation and ALPPS rather than focusing on single procedure. We went in detail through the indication, technical success, efficacy, complication and outcome of these available three techniques in separate sections. However, due to the novelty of ALPPS we describe the surgical technique with different technical modification.

2. Reviewer 2:

- Naif A Albati et al. aimed to review surgical intervention with curative intent is the treatment of choice for liver tumors. A variety of techniques have been established to increase the possibility for resectability. Two-staged hepatectomy, with its distinguishing beneficial procedures, is one of the techniques that have been proposed to overcome this clinical challenge. Although dealing with a highly interesting topic and a well-structured setup, the manuscript shows structural and content-related deficiencies, impending publication in its current form.
  - **Replay:** We sincerely thank the reviewers for constructive criticisms and valuable comments, which were of great help in revising the manuscript. We will address the points separately.
  
- **Table 2 need to provide reference, Journal, year:**
  - **Replay:** The Table 2 is a summary of the complications that has been reported by Shindoh et al. The reference is already mentioned in the text within the complication section. The reference number is 62.
  
- **References: More recent literature should be cited, more than 50% of references are 10 years and older. Does the author self-cite, omit, incorrectly cite and/or over-cite references?**
  - **Replay:** In regard to the references, our review is comparing the three different techniques which has been evolutionized over three different period. The Portal vein ligation/embolization has been sufficiently reported in the literature in early 2000. Currently, most of the literature are reporting the ALPPS as two-staged hepatectomy and comparing it to the old conventional two-staged hepatectomy and portal vein embolization. Due to this, fifty percent of our references were 10 years and older.