

Reply to reviewer's comments

We appreciate reviewers' insightful comments, which have substantially helped us to improve our paper. Following are the point-by-point response to the reviewers' comments. Changes added in the manuscript are shown in **red color**, while deleted sentences are shown in **blue color**.

Response to Reviewer #1

1. Authors have to write the whole name of institution where the patent has been treated.

We appreciate the reviewer's comment. We added the name of our institution (i.e. National Cancer Center Hospital, Tokyo, Japan) in the manuscript as follows.

On page 6, line 19

At **National Cancer Center Hospital, Tokyo, Japan**

On page 11, line 11

at **National Cancer Center Hospital, Tokyo, Japan**

2. The language of the manuscript hardly reaches the standard of publishing with many errors to be corrected.

Thanks a lot for your comments regarding the quality of our English writing. Our manuscript has been edited for proper English language, grammar, punctuation, spelling, and overall style by more than one highly qualified native English-speaking editors at AJE (American Journal Experts) (a professional English editing service which is one of the recommended editing services on the journal's web page). Therefore, we believe the English in the manuscript meets the standard of professional scientific article. Please see the accompanied editing certification by AJE.

Response to Reviewer #2

1. The Introduction section is too short. The aim of the study should be clear at the end of the paragraph.

We revised the Introduction section, and the aim of this study was clarified in the paragraph.

On page 6, line 20

The aim of this study was to analyze the characteristic differences in the liver volume in patients with an RSRL, and to investigate the appropriate surgical procedure for patients with an RSRL and perihilar cholangiocarcinoma.

2. The structure of the article should be modified.

We modified the structure of the articles. The main text contains INTRODUCTION, CASE PRESENTATION, FINAL DIAGNOSIS, TREATMENT, OUTCOME AND FOLLOW-UP. We deleted the PATIENTS AND METHODS and RESULTS.

On page 6 line 15

On page 7, line 11

CASE PRESENTATION

On page 8, line 4

(4) Personal and family history

The patient had no particular personal or family history.

On page 9, line 22

FINAL DIAGNOSIS

On page 10, line 3

TREATMENT

On page 11, line 4

OUTCOME AND FOLLOW-UP

3. In the Case Report section Ca 19.9 and CEA indications should be more analyzed.

We added the change of CA19-9 and CEA levels in the manuscript. The changes are as follows;

On page 8, line 19

The levels of carcinoembryonic antigen (CEA) and carbohydrate antigen 19-9 (CA19-9) were slightly elevated, with values of 7.7ng/ml [normal range, 0.0–5.0 ng/ml] and 52 IU/ml [normal range, 0–37 IU/ml], respectively.

Page 11, line 5

CA19-9 level decreased within normal range one month after surgery. However, CEA level continued to show slight elevation with 6.0–7.0 ng/ml after surgery.

4. The number of Figures should be reduced.

We reduced the number of figures. The deleted figures were compiled into supplementary material.

5. Grammatical errors should be corrected.

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6. Newly published manuscripts should be included.

During the writing of manuscript, we conducted a literature search on PubMed, Medline, and web of science for relevant article regarding right-side round ligament (RSRL), and confirmed that important articles which contributed the understanding of anatomical characteristics of RSRL had been all included in the references. At this time, we performed literature search again, however, we could not find any new significant, up-to-date and relevant manuscript to be added to the references.