

26 December, 2020

Lian-Sheng Ma,
Science Editor, Company Editor-in-Chief,
Editorial Office, Baishideng Publishing Group Inc

Dear Editor:

We wish to re-submit the manuscript titled “**Functional transition: inconsistently parallel to the increase in future liver remnant volume after preoperative portal vein embolization.**” The manuscript ID is 60730.

We thank you and the reviewers for your thoughtful suggestions and insights. The manuscript has benefited from these insightful suggestions. I look forward to working with you and the reviewers to move this manuscript closer to publication in *World Journal of Gastrointestinal Surgery*.

The manuscript has been rechecked and the necessary changes have been made in accordance with the reviewers’ suggestions. The responses to all comments have been prepared and are given below. The changes in the revised manuscript are shown in red font.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,
Yosuke Tsuruga, MD, PhD
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Responses to the reviewer's and editor's comments

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: This article discusses the relationship between the increase in liver volume and function after PVE in more detail. It is a valuable article for clinical work. But please answer the following questions:

Comment 1: In this group of cases, patients with preoperative bile duct drainage account for the majority. Why are the relevant data such as ICG detection, 3D CT / 99mTc-GSA SPECT fusion imaging and liver volume measurement of these patients not separately listed; Why is there no comparison between the data of patients with preoperative bile duct drainage and the ICG test of patients without bile duct drainage, 3D CT/99mTc-GSA SPECT fusion imaging to measure liver volume and other related data.

Response: We thank the reviewer for an insightful question. To address the reviewer's concern, we compared the function and volume of future liver remnant (FLR) after preoperative portal vein embolization (PVE) between the patients with and without preoperative biliary drainage. No significant differences were observed between the two groups. Additionally, similar tendency for the sequential increase in FLR volume and functional FLR volume after PVE was confirmed in the two groups. The data has been added in the revised manuscript as Figures 1b, 1c, and Table 2. The following description has been added in the Results section of the revised manuscript on page 10, lines 5–9:

"We also compared FLRV and FFLRV between the groups with and without preoperative biliary drainage. However, no significant differences were observed between these two groups (Table 2). The similar tendency of the sequential increase in FLRV and FFLRV after PVE was observed in these two groups (Fig. 1b, c)."

EDITORIAL OFFICE'S COMMENTS

Science editor:

Comment 1: I found the running title contains 18 words. Please revise it to limit

the word number to no more than 8 words and contain no acronyms.

Response: We have revised the running title to “**Functional transition after preoperative portal vein embolization.**” It has 7 words and is without any acronym.

Comment 2: I found the authors did not provide the original figures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor.

Response: We have prepared the figures in the revised manuscript per suggestion of the science editor.

Comment 3: I found the authors did not write the “article highlight” section. Please write the “article highlights” section at the end of the main text.

Response: We have added the section “Article highlights” in the revised manuscript. This section has been prepared and added before references per guidelines of the *World Journal of Gastrointestinal Surgery*.

Comment 4: Please don't include any *, #, †, §, ‡, ¥, @....in your manuscript; and for statistical significance, please use superscript letters. Statistical significance is expressed as ^aP < 0.05, ^bP < 0.01 (P > 0.05 usually does not need to be denoted). If there are other series of P values, ^cP < 0.05 and ^dP < 0.01 are used, and a third series of P values is expressed as ^eP < 0.05 and ^fP < 0.01.

Response: We have checked this in the manuscript. There is no instance of any symbol used to denote statistical significance in the revised manuscript.

Comment 5: Please provide an audio core tip file where the core tip content is recorded.

Response: We have prepared and submitted the audio core tip file along with the revised manuscript per suggestion of the science editor.

Comment 6: Please provide the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement.

Response: We have submitted the signed Conflict-of-Interest Disclosure Form and Copyright License Agreement along with the revised manuscript per suggestion of the science editor.

Comment 7: The highest single-source similarity index in the CrossCheck report showed to be 5%. According to our policy, the overall similarity index should be less than 30%, and the single-source similarity should be less than 5%. Please rephrase these repeated sentences.

Response: We have rephrased the repeated sentences in the revised manuscript per suggestion of the science editor.