Reply to the reviewers' comments

Reviewer Number	Original comments of the reviewer	Reply by the author(s)
1	**REVIEWER 1:** This review by Drs. Rammohan and Rela describes progress on minimally invasive donor hepatectomy in the field of living donor liver transplantation. Morbidity and mortality of the living donor represent major issues in the clinical practice. The Authors summarize the available evidence on minimally invasive donor hepatectomy, highlighting strengths and pitfalls. In detail, as mentioned by the Authors, the learning curve, a possible prolongation of ischemia time and the absence of comparative studies between open and minimally invasive donor hepatectomy have to be taken into account.	We sincerely thank the reviewer for his comments, constructive criticism and review of our paper.
	I have few comments: - what does CUSA stand for?	CUSA is Cavitron ultrasonic suction aspirator. Apologies for not having expanded the acronym. This has been amended in the manuscript.
	- what is the pre-operative assessment before MI LDH? Any difference with ODH? –	We thank the reviewer for highlighting donor assessment, we agree it is one of the most crucial aspects of an LDLT program. A manuscript has been rewritten and a whole section has been added regarding the Donor assessment and selection for ODH and MIDH, highlighting the similarities and

		differences and the evidence in this regard.
	I suggest to add a table summarizing current strengths and pitfalls of MI LDH. –	As suggested by the reviewer, we have added a table providing an evidence based comparison of Open DH with conventional laparoscopic DH and robotic DH, highlighting the strengths and pitfalls of each of the procedures.
	I suggest to better explain the following sentence: "The robotic platform was introduced to aid and flatten the learning curve of MIS".	We have rewritten the section on the learning curve to elucidate the learning curve and its importance in MIDH.
	- A comment about LDLT may be important. LDLT has been described for patients with HCC or patients with ACLF. What could be the ideal setting for MI DH? Moreover, as mentioned by the Authors, MI DH may be performed only by expert laparoscopic surgeons and dedicated nurse team, with specific re-organization of team work and facilities. –	As aptly pointed out by the reviewer, it is not only the donor but also the recipient's status which is important in choosing the type of donor operation. We have added a section on this aspect of donor selection within the manuscript.
	I suggest to mention the recently consensus doi: 10.1097/TP.0000000000003680.	As suggested by the reviewer, we have mentioned the consensus and added it as one of the references
		We agree with the reviewer that our review article

| | - I wonder if the title "Minimally invasive donor hepatectomy" may fit better. | encompasses the whole gamut of MIDH. However, the aim of this article was to provide a general overview of MIDH with an aim to highlight the niche area which RDH can occupy in the realm of MIDH. The focus is on all currently available evidence highlighting the pros and cons of RDH. We would hence prefer to retain the title.

The manuscript has been proofread to check for errors spellings, syntax and grammar. The same has been corrected as appropriate.

We once again sincerely thank the reviewer for an excellent and incisive review of our manuscript, and sincerely hope the revisions meet the reviewer's expectations |