

Dear editor:

My coauthors and I thank you for the thorough review of our manuscript. We have revised the manuscript and wish to re-submit it for your consideration. We have addressed each of the comments made by the Reviewers. Our point-by-point responses are contained on the following pages of this letter. Additionally, they appear in red text in the revised manuscript. We hope that our revisions are sufficient and we look forward to your editorial decision.

Sincerely,

Jun-Jing Zhang

Reviewer 1

1. Some concerns need to be addressed by the authors: - In my opinion, trisectionectomy is more adequate to name the procedure performed rather than trihepatectomy.

Reply: According to reviewer opinion, trihepatectomy have been replaced with trisectionectomy, and was marked with red.

2. Please state the viral status and features. Also, the type of antiviral treatment and the response to it.

Reply: In table 1, we describe the viral features and high HBV DNA levels; after orally administered entecavir for antiviral treatment for a short time (three weeks later), HBV DNA levels were normal. Please see table 2.

3. - Wording needs to be revised: "multiple tumors (the largest was ≥ 10 cm in diameter)" in page 3.

Reply: revised.

4. Page 4: "The in situ resection", "The clamping band was reserved", "the middle and the right hepatic vein were transected or divided (not dissected) with a cutting stapler"... - Please indicate why was surgery indicated in this specific patient.

Reply: As discussion says, for tumors confined to the same segment or the ipsilateral half of the liver, surgical resection may achieve better outcomes than other treatment modalities. Reference 6 and 7 support our opinion.

5. Also, the reason to administer TACE prophylactically after surgery.

Reply: Although the margins of resection were free of tumor, the margins of resection were less than 2 cm. The patient has multiple tumors with hepatitis B who were at high risk for recurrence and who might be best treated by adjuvant chemotherapy.

6. - Was the caudate lobe also excised? - In the discussion you state that "Postoperative morphological examination showed that the resected specimen was intact and unbroken". However, the photograph at Figure 5 conflicts with this statement. - Please provide a clear take-at-home message to the readers.

Reply: The caudate process and the paracaval portion were also excised; the Spiegel lobe was left. The photograph at Figure 5 which was cut is intended to provide

tumor tissue and tumor tissue after tumor embolization. According to reviews opinions, Figure 5(A) has been replaced with another picture which was intact.

