

Format for ANSWERING REVIEWERS



October 13, 2022

Dear Editors,

On behalf of all the authors, I would like to thank you for your consideration of this paper. In the revised manuscript you will find the changes that we made in response to the Reviewers. In this response to reviewer letter, we also indicated how we have dealt with the Reviewers' comments.

Please find enclosed the edited manuscript in Word format.

Name of Journal: World Journal of Gastrointestinal surgery

Manuscript Type: ORIGINAL ARTICLE

Retrospective Study

Impact of BMI in elderly patients treated with laparoscopic liver resection for hepatocellular carcinoma

Maria Conticchio, Riccardo Inchingolo, Antonella Delvecchio, Francesca Ratti, Maximiliano Gelli, Ferdinando Massimiliano Anelli, Alexis Laurent, Giulio Cesare Vitali, Paolo Magistri, Giacomo Assirati, Emanuele Felli, Taiga Wakabayashi, Patrick Pessaux, Tullio Piardi, Fabrizio Di Benedetto, Nicola de' Angelis, Delgado Francisco Javier Briceno, Antonio Gaetano Rampoldi, Renè Adam, Daniel Cherqui, Luca Aldrighetti, Riccardo Memeo.

Invited Manuscript ID: 03358964

Manuscript NO: 78953

The manuscript has been improved according to the suggestions of reviewer and Editorial Office's comments:

Reviewer				#1:
Scientific	Quality: Grade	B	(Very	good)
Language	Quality: Grade	A	(Priority	publishing)

Conclusion: Minor

revision

Specific Comments to Authors: The authors introduced their experience about the effect of BMI on the outcome of laparoscopic liver resection for HCC. According to the results of this multicenter retrospective research, the BMI did not impact perioperative and oncologic outcomes in elderly patients treated by laparoscopic resection for HCC. This result is somewhat incredible as it is well known that surgery for patients with higher BMI is more difficult, and usually the risk is higher than that with lower BMI. This conclusion is supported by their data. on the other hand, is there any special measures for the authors to decrease the difficulty and risk of laparoscopic liver surgery for relative obese patients. And I think it is very valuable if they have some experience about this issue.

A: Thank you for the consideration of this paper and for your comment.

Reviewer

#2:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: The authors conducted a multi-center retrospective study to evaluated the short term and long term outcome on high BMI patients receiving laparoscopic liver resection (LLR). They divided patients into two groups based on BMI (BMI>30 or <30) and they found no significant difference for operation time and post-operative complication between two groups. And the patient survival of the two group were also comparable. The study design is reasonable and the results seem to be solid. There are still some concerns as follow: 1 In this study, only a small number of patients received major hepatectomy, which I think is the reason leading to very good post-operative outcome in patients with high BMI. The authors should discuss and explain this. 2 The authors should show whether obesity affect liver function or histologic change in hepatocyte in their cohort. 3 The authors can discuss their experience of liver surgery for fatty liver, e.g., surgical technique, use of instrument, etc.

A: Thank you for the consideration of this paper and for your comment.

1) Major hepatectomy were performed in 10% of total patients, with no statistically differences between obese and non-obese patients. The limited rate of major hepatectomy could impact global final results.

2) Concerning histologic results, we do not have all data from all centers with specific information. This represented a limit of our study not only about histological impact of steatohepatitis but also concerning other possible information (margins, presence of satellite nodule, etc).

3) Fatty liver was presented in high rate of our global population considering underlying liver disease. This aspect could change surgical choices and it has an impact on the results. A fatty liver represented a challenge in surgical resections and it must be considered as a liver disease in terms of volume and function of remnant liver.

1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

A: Thank you for the consideration of this paper and for your comment.

(2) Company editor-in-chief:

The invitation was to submit to the World Journal of Gastrointestinal Surgery, however, the authors submitted it to WJGO. This has been updated in the system. I have reviewed the Peer-Review Report, the full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Gastrointestinal Surgery, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. However, the quality of the English language of the manuscript does not meet the requirements of the journal. Before final acceptance, the author(s) must provide the English Language Certificate issued by a professional English language editing company. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1 Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please provide decomposable Figures (in which all components are movable and editable), organize them into a single PowerPoint file.

A: Thank you for the consideration of this paper and for your comment. An extensive English revision has been done.

Finally, we wish to thank the Editors and the Reviewer for their comments that helped us to increase the value of our paper.

Thank you again for publishing our manuscript in the *World Journal of Gastrointestinal Surgery*.

Sincerely yours,

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