

Dear editors,

Thank you very much for considering our work. Here are my answers to each question in the email. If there are any omissions, please make sure to let me know. Thank you again !

Dear Dr. Xiu,

We are pleased to inform you that, after preview by the Editorial Office and peer review, we believe that the academic quality, language quality, and ethics of your manuscript (Manuscript NO.: 90047, Retrospective Study) basically meet the publishing requirements of the *World Journal of Gastrointestinal Surgery*. As such, we have made the preliminary decision that it is acceptable for publication after your appropriate revision.

Upon our receipt of your revised manuscript, we will send it for re-review. We will then make a final decision on whether to accept the manuscript or not, based upon the reviewers' comments, the quality of the revised manuscript, and the relevant documents.

Please follow the steps outlined below to revise your manuscript to meet the requirements for final acceptance and publication.

## **1 MANUSCRIPT REVISION DEADLINE**

We request that you submit your revision in no more than **14 days**.

**Please note that you have only two chances for revising the manuscript.**

## **2 PLEASE SELECT TO REVISE THIS MANUSCRIPT OR NOT**

Please login to the F6Publishing system

at <https://www.f6publishing.com> by entering your registered E-mail and password. After clicking on the “Author Login” button, please click on “Manuscripts Needing Revision” under the “Revisions” heading to find your manuscript that needs revision. Clicking on the “Handle” button allows you to choose to revise this manuscript or not. If you choose not to revise your manuscript, please click on the “Decline” button, and the manuscript will be WITHDRAWN.

## **3 SCIENTIFIC QUALITY**

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report, and highlighted the revised/added contents with yellow color in the revised manuscript. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

**Scientific Quality:** Grade C (Good)

**Language Quality:** Grade B (Minor language polishing)

**Conclusion:** Accept (General priority)

**Specific Comments to Authors:**

I want to congratulate the authors for this important research. The title “Computer-assisted three-dimensional individualized extreme liver resection for hepatoblastoma in proximity to major liver vasculature” reflects the main subject of the manuscript. The abstract well summarizes and reflect the work described in the manuscript. Keywords reflect the focus of the manuscript. The manuscript adequately describes the background, present status, and significance of the study. Methods section is in adequate detail. The results stated that extreme liver resection for HB that is still in close PMV after a full course of NAC is both safe and feasible and this finding will bring a new perspective and hope for future studies. The discussion section is well-written and notifies the paper’s scientific significance. The manuscript is well, concisely, and coherently organized and presented, and no objections to the statistical analysis, tables, and references. The manuscript also meets the requirements of ethics. This research supports the idea that extreme liver resection for HB which is still in close PMV after a full course of NAC is

both safe and feasible. This approach may reduce the necessity for liver transplantation. But the prognosis issue needs a way to go.

Thank you for your thorough review and positive feedback on our research.

We greatly appreciate your input. Moving forward, we will continue our research in related fields and strive to obtain more prognostic results. Once again, thank you for your valuable comment.

#### **4 LANGUAGE POLISHING REQUIREMENTS FOR REVISED MANUSCRIPTS SUBMITTED BY AUTHORS WHO ARE NON-NATIVE SPEAKERS OF ENGLISH**

As the revision process results in changes to the content of the manuscript, language problems may exist in the revised manuscript.

Thus, it is necessary to perform further language polishing that will ensure all grammatical, syntactical, formatting and other related errors be resolved, so that the revised manuscript will meet the publication requirement (Grade A).

**Authors are requested to send their revised manuscript to a professional English language editing company or a native English-speaking expert to polish the manuscript further. When the authors submit the subsequent polished manuscript to us, they must provide a new language certificate along with the manuscript.**

Once this step is completed, the manuscript will be quickly accepted and published online. Please visit the following website for the professional English language editing companies we recommend: <https://www.wjgnet.com/bpg/gerinfo/240>.

Thank you very much for your advice. We apologize for our errors. We have invited professional English language editors to polish them. The editing certificate has also been submitted to the attachment.

## 5 ABBREVIATIONS

In general, do not use non-standard abbreviations, unless they appear at least two times in the text preceding the first usage/definition. Certain commonly used abbreviations, such as DNA, RNA, HIV, LD50, PCR, HBV, ECG, WBC, RBC, CT, ESR, CSF, IgG, ELISA, PBS, ATP, EDTA, and mAb, do not need to be defined and can be used directly.

The basic rules on abbreviations are provided here:

**(1) Title:** Abbreviations are not permitted. Please spell out any abbreviation in the title.

**(2) Running title:** Abbreviations are permitted. Also, please shorten the running title to no more than 6 words.

**(3) Abstract:** Abbreviations must be defined upon first appearance in the Abstract. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*).

**(4) Key Words:** Abbreviations must be defined upon first appearance in the Key Words.

**(5) Core Tip:** Abbreviations must be defined upon first appearance in the Core Tip. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

**(6) Main Text:** Abbreviations must be defined upon first appearance in the Main Text. Example 1: Hepatocellular carcinoma (HCC). Example 2: *Helicobacter pylori* (*H. pylori*)

**(7) Article Highlights:** Abbreviations must be defined upon first appearance in the Article Highlights. Example 1: Hepatocellular carcinoma (HCC).

Example 2: *Helicobacter pylori* (*H. pylori*)

**(8) Figures:** Abbreviations are not allowed in the Figure title. For the Figure Legend text, abbreviations are allowed but must be defined upon first appearance in the text. Example 1: A: Hepatocellular carcinoma (HCC) biopsy sample; B: HCC-adjacent tissue sample. For any

abbreviation that appears in the Figure itself but is not included in the Figure Legend textual description, it will be defined (separated by semicolons) at the end of the figure legend. Example 2: BMI: Body mass index; US: Ultrasound.

**(9) Tables:** Abbreviations are not allowed in the Table title. For the Table itself, please verify all abbreviations used in tables are defined (separated by semicolons) directly underneath the table. Example 1: BMI: Body mass index; US: Ultrasound.

We thank the editors for pointing these out. We have checked the manuscript and revised it according to the basic rules on abbreviations.

## 6 EDITORIAL OFFICE’S COMMENTS

Authors must revise the manuscript according to the Editorial Office’s comments and suggestions, which are listed below:

### ***(1) Science editor:***

**1 Conflict of interest statement:** Academic Editor has no conflict of interest.

**2 Scientific quality:** The author submitted a study on computer-aided three-dimensional individualized extreme liver resection for the treatment of hepatoblastoma near major hepatic vessels. The manuscript is overall qualified.

(1) Advantages and disadvantages: The reviewers have given positive peer-review reports for the manuscript. Classification: Grade C; Language Quality: Grade B. The title “Computer-assisted three-dimensional individualized extreme liver resection for hepatoblastoma in proximity to major liver vasculature” reflects the main subject of the manuscript. The abstract

well summarizes and reflect the work described in the manuscript. Keywords reflect the focus of the manuscript. The manuscript adequately describes the background, present status, and significance of the study. Methods section is in adequate detail. The results stated that extreme liver resection for HB that is still in close PMV after a full course of NAC is both safe and feasible and this finding will bring a new perspective and hope for future studies. The discussion section is well-written and notifies the paper's scientific significance. The manuscript is well, concisely, and coherently organized and presented, and no objections to the statistical analysis, tables, and references. The manuscript also meets the requirements of ethics. This research supports the idea that extreme liver resection for HB which is still in close PMV after a full course of NAC is both safe and feasible. This approach may reduce the necessity for liver transplantation.

(2) Main manuscript content: The author clearly stated the purpose of the study and the research structure is complete. However, the manuscript still require a further revision according to the detailed comments listed below.

(3) Table(s) and figure(s): There are 3 Figures and 3 Tables should be improved. Detailed suggestions for each are listed in the specific comments section.

(4) References: A total of 27 references are cited, including 10 published in the last 3 years. The reviewer didn't request the authors to cite improper references published by him/herself.

**3 Language evaluation:** The English-language grammatical presentation needs to be improved to a certain extent. There are many errors in grammar and format, throughout the entire manuscript. Before final acceptance, the authors 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>.

We would like to thank you and the reviewers for the time taken to review our submitted manuscript. We have checked the manuscript and revised it according to the comments. We submit here the revised manuscript as well as a list of changes and invited professional English language editors to polish them. Revised portion are highlighted with yellow color in the revised manuscript.



#### 4 Specific comments:

- (1) Please provide the Figures cited in the original manuscript in the form of PPT. All text can be edited, including A,B, arrows, etc. With respect to the reference to the Figure, please verify if it is an original image created for the manuscript, if not, please provide the source of the picture and the proof that the Figure has been authorized by the previous publisher or copyright owner to allow it to be redistributed. All legends require a general title and explanation for each figure. Such as A: ; B: ; C: .

Response:The Figures in the manuscript are all original images and can be edited in the PPT. Each Figure has a general title and each image has an explanation. And we paid special attention to the modification of abbreviations.

- (2) Please add the author's contribution section. The format of this section will be as follows:  
Author contributions: Wang CL, Liang L, Fu JF, Zou CC, Hong F and Wu XM designed the research; Wang CL, Zou CC, Hong F and Wu XM performed the research; Xue JZ and Lu JR contributed new reagents/analytic tools; Wang CL, Liang L and Fu JF analyzed the data; Wang CL, Liang L and Fu JF wrote the paper.

Response:The author's contribution section has been added in the FOOTNOTES.

- (3) Please add the Core tip section. The number of words should be controlled between 50-100 words.

Response:The Core tip section has been added before the INTRODUCTION.

- (4) Please provide the PubMed numbers and DOI citation numbers to the reference list and list all authors of the references. If there is no PMID or DOI, please provide the website address.

Response:All references have been formatted based on the articles published in the journal of WJGS, listing all authors, PMID and DOI citation numbers.

- (5) The “Article Highlights” section is missing. Please add the “Article Highlights” section at the end of the main text (and directly before the References).

Response:The Article Highlights section has been added before the REFERENCES.

- (6) Please upload the approved grant application form(s) or funding agency copy of any approval document(s).

Response: The approval documents have been uploaded.

(7) Please add the content of the "Conclusion" section after the "Discussion".

Response: The CONCLUSION section has been added after the DISCUSSION.

(8) Please provide the primary version (PDF) of the Institutional Review Board's official approval, prepared in the official language of the authors' country.

Response: The Institutional Review Board's official approval documents have been provided and uploaded.

(9) Please provide the primary version (PDF) of the Informed Consent Form that has been signed by all subjects and investigators of the study, prepared in the official language of the authors' country.

Response: The Informed Consent Form that has been signed by all subjects and investigators of the study have been provided and uploaded.

(10) Please provide the Biostatistics Review Certificate.

Response: The Biostatistics Review Certificate have been provided and uploaded.

**5 Recommendation:** Transfer to *World Journal of Hepatology*.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

**(2) Company editor-in-chief:**

I recommend the manuscript to be published in the *World Journal of Gastrointestinal Surgery*.

Thank you very much for your recommendation. I earnestly hope this paper can be published in the *World Journal of Gastrointestinal Surgery*.