

Reviewer #1:

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

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

**Conclusion:** Minor revision

**Specific Comments to Authors:**

The authors discuss the study's results by Kim et al. about risk factors for CCA and expand on the topic such as Mechanism and the extent of liver resection compared to stone-affected segments. The authors affirm that hepatolithiasis is a risk factor for cholangiocarcinoma and complete removal of stones without recurrence decreases the risk of cholangiocarcinoma but does not eliminate the risk. Kim et al. found that bile duct stricture did not increase the risk of CCA. In addition, they thought left-side stones, not right-side stones as prior research suggested, are a risk factor. Given these results differ from prior literature on larger patient populations, it is necessary for the authors of this manuscript to point out this problem and analyze some of the reasons for it.

Thank You reviewer for the valuable comment. I have analyzed and mentioned reasons for both left and right sided CCA risk.

I agree with the authors that by extending the follow-up period and expanding the group of patients with CCA, Kim et al. could obtain more information about risk factors and support the evidence from previous studies.

Thank You Reviewer

This language quality aspect is generally very well done except a minor spelling mistake that "CC" is supposed to be "CCA" in the sentence "When the extent of liver resection < stone affected segments, patients are at increased risk of CC development (20- 21.5 %).".

Done. Thank You

Also, when discussing CCA, the authors could have made some improvements. When facing HL-CCA, the authors have evaluated C-CCA separately from S-CCA, which is very correct. However, CCA includes intrahepatic CCA and extrahepatic CCA, and the CCA discussed in this manuscript are all iCCA. There have been as well many studies on the mechanisms between hepatolithiasis and iCCA, including molecular biological mechanisms, which the authors can enrich in terms of mechanisms or discussions.

We thank the reviewer for the comment. We have added information on this in our editorial.

Reviewer #2:

**Scientific Quality:** Grade B (Very good)

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

**Conclusion:** Minor revision

**Specific Comments to Authors:**

1. As the authors state, it is clear that removal of intrahepatic stones reduces the risk of cholangiocarcinoma. However, I think it is worth mentioning that in the absence of asymptomatic cholangiocarcinoma, hepatic atrophy, or biliary stricture, immediate treatment is not necessary and careful follow-up is acceptable.

We thank the authors for the comments. We have mentioned this in our manuscript.

2. Since follow-up with imaging and blood tests is important in both surgical and non-surgical cases, please comment on useful imaging modalities and laboratory tests and their intervals.

We thank the reviewers for the comment. We have added details in the manuscript.