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PEER-REVIEW REPORT

Name of journal: *World Journal of Hepatology*

Manuscript NO: 65962

Title: Short-term outcomes of robotic liver resection: An initial single-institution experience.

Provenance and peer review: Invited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 04015916
Position: Editorial Board
Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: China

Author's Country/Territory: Spain

Manuscript submission date: 2021-03-26

Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2021-09-05 08:36

Reviewer performed review: 2021-09-09 01:42

Review time: 3 Days and 17 Hours

Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
Re-review	[ ] Yes [Y] No

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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

This article summarizing the clinical experience in the early stage of RLR. It gives people the feeling that the selected cases are rather messy: 1) The surgical methods of benign and malignant tumors are not classified; 2) Malignant tumors also should be classified,such as primary and metastatic. There are also different treatment methods. It seems inappropriate to unify the margin of 1mm as the R0 resection standard; 3) There are too few cases of liver resection in the difficult part of LLR, which fails to show the superiority of RLR.

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Reviewer's code: 05419473
Position: Peer Reviewer
Academic degree: MD

Professional title: Postdoctoral Fellow, Research Fellow

Reviewer's Country/Territory: United States

Author's Country/Territory: Spain

Manuscript submission date: 2021-03-26

Reviewer chosen by: Ze-Mao Gong

Reviewer accepted review: 2021-09-02 03:15

Reviewer performed review: 2021-09-11 22:24

Review time: 9 Days and 19 Hours

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[ ] Grade A: Priority publishing [Y] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [ ] Accept (General priority) [Y] Minor revision [ ] Major revision [ ] Rejection
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Peer-reviewer statements	Peer-Review: [Y] Anonymous [ ] Onymous Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors present a very well conducted and well written retrospective study of their initial series of 40 robotic liver resections. They should be congratulated on their efforts of performing so many robotic cases in such a short period. I have some comments intending to help improve the quality of their paper: -The supporting documents (biostatistics certificate, conflict of interest, and IRB approval are in Spanish, so official translation to English should be considered. -Please be consistent with the number of decimals after the dot throughout the manuscript -The authors should be consistent with the final date of inclusion: December 2020 in one place versus January 2021 in another place. -In the methods section, the authors state: "The descriptive analysis included median and range in continuous variables", but in the results section they state: "Overall, the mean age of the patients was 59.55 years, of which 18 (45%) were female. The mean body mass index (BMI) of the patients was 29.41 (SD = 4.68)." They should consider changing their methods, as well as providing both the mean and standard deviation (or median and range) for all continuous variables consistently (eg, missing SD for age). -Any underlying condition that led to this 1 patient be converted to open resection? -"Based on the IWATE criteria, 3 of the 40 operations were categorized as low difficulty, 19 as intermediate, 13 as advanced and 5 as expert (see Figure 1)." Do the authors mean Figure 3? -Again, "As can be seen in Figure 1 showing the cases performed to date and their degree of difficulty, the third RLR performed was classified as advanced." Do the authors mean Figure 3? -"One cirrhotic patient who underwent a right hepatectomy developed post-hepatectomy liver failure, ascites, acute kidney injury and lower gastrointestinal bleeding with no findings at colonoscopy." Do the authors measure the

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FLR preoperatively? Any underlying condition except for cirrhosis for this patient that may have increased the risk for this complication? -About the 5% R1 resections, do the authors perform frozen section? If yes, were the margins positive on frozen? -There is no limitations paragraph before the conclusion. -Table 1. consider changing pneumopathy, cardiopathy, nephropathy to chronic respiratory, cardiac, renal disease, respectively. -The authors should consider citing and discussing the following three papers that are highly relevant to their study: 1. Lee B, Choi Y, Cho JY, Yoon YS, Han HS. Initial experience with a robotic hepatectomy program at a high-volume laparoscopic center: single-center experience and surgical tips. Ann Transl Med. 2021 Jul;9(14):1132. 2. Ziogas IA, Giannis D, Esagian SM, Economopoulos KP, Tohme S, Geller DA. Laparoscopic versus robotic major hepatectomy: a systematic review and meta-analysis. Surg Endosc. 2021 Feb;35(2):524-535. 3. Cipriani F, Fiorentini G, Magistri P, Fontani A, Menonna F, Annecchiarico M, Lauterio A, De Carlis L, Coratti A, Boggi U, Ceccarelli G, Di Benedetto F, Aldrighetti L. Pure laparoscopic versus robotic liver resections: Multicentric propensity score-based analysis with stratification according to difficulty scores. J Hepatobiliary Pancreat Sci. 2021 Jul 22.