Dear Editors

We would like our revised version of our manuscript entitled **"Short-term outcomes of robotic liver resection: An initial single-institution experience."** to be considered for publication in "*World Journal of Hepatology*".

After a positive initial review, we have extensively reviewed our manuscript and have addressed all the suggestions and comments from the reviewers. We are very grateful to reviewers and editors for their positive feedback. The manuscript has improved its quality.

We are aware that "*World Journal of Hepatology*" is a leading international journal, and thus we would be very grateful if you would consider our revised version for publication in your journal. The full manuscript including Tables and Figures has been formatted and accepted by all authors to meet the publication guidelines.

This manuscript has not been published and is not under consideration for publication in any other journal, and their authors have no conflicts of interest to disclose.

Thank you for your consideration.

Sincerely,

Manuel Durán

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Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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
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;

Thank you for your kind comments. Most benign liver resection were performed due to a suspicion of malignant tumor or its large size. In those cases, anatomical resection was performed. Wedge resection (non anatomical resection) were performed por colorectal metastases.

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;

We have classified malignant tumors as primary and metastatic following reviewer recommendation. As we mixed benign and malignant tumors before, we have excluded benign tumors and considered R0 those malignant cases with no microscopic affected margins.

3) There are too few cases of liver resection in the difficult part of LLR, which fails to show the superiority of RLR.

Authors do not consider RLR superior to LLR in the difficult part of LLR with our results. In our opinion, the robotic approach allowed the surgeon to perform complex liver procedures in a short period of time, but it was also because its previous experience in laparoscopic liver surgery and not only because of the robotic advantages. We have deleted the posterosuperior resections at the discussion as there were too few cases: In our series, forty RLRs were performed in 18 months and included major hepatectomies, ~~posterosuperior resections~~ and cirrhotic patients.

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: 05419473

Position: Peer Reviewer

Academic degree: MD

Professional title: Postdoctoral 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
Re-review	[Y] Yes [ ] No
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.

We are working on it but it has been impossible to get them in fourteen days. We apologize.

-Please be consistent with the number of decimals after the dot throughout the manuscript

We have reviewed the manuscript to adapt it to this advice. Thank you.

-The authors should be consistent with the final date of inclusion: December 2020 in one place versus January 2021 in another place.

We have corrected the final date of inclusion. Thank you.

-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).

We have corrected the methods section and provided mean and standard deviation. Thank you.

- Any underlying condition that led to this 1 patient be converted to open resection?

The patient did not have any underlying condition. The inferior hepatic vein was quite big and surgeon considered that was not safe to try the bleeding control by robotic approach. It was decided to convert to an open approach.

-"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?

We have corrected the mistake. Thank you.

-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?

We have corrected the mistake. Thank you.

-"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 FLR preoperatively? Any underlying condition except for cirrhosis for this patient that may have increased the risk for this complication?

Patient had hypertension and no other underlying condition except chronic hepatopathy due to HCV infection. FLR was measured preoperatively and was 47%.

-About the 5% R1 resections, do the authors perform frozen section? If yes, were the margins positive on frozen?

No, we did not perform frozen section in that case.

-There is no limitations paragraph before the conclusion.

We have added it. Thank you.

-Table 1. consider changing pneumopathy, cardiopathy, nephropathy to chronic respiratory, cardiac, renal disease, respectively.

We have followed reviewer advice and changed. Thank you.

-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.

We have added it. Thank you.

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.

We have added it. Thank you.

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.

We have added it. Thank you.

(1) Science editor:

The manuscript elaborated a study of robotic liver resection. The manuscript is well written and can be helpful for the readers to ameliorate the diagnostic and therapeutic approach for this scenario. Nevertheless, there are a number points that may deserve some revisions.

Thank you for your kind comments.

1. **Figure legend should be elaborated carefully.**

We have modified figures titles. Thank you.

2. **The format of the table should try to use a three line table.**

We have made those changes. Thank you.

3. **It is unacceptable to have more than 3 references from the same journal. To resolve this issue and move forward in the peer-review/publication process, please revise your reference list accordingly.**

We have done several modifications about this issue. There is still one journal cited more than three times because Reviewers considered them necessary. Thank you

4. **Self Citation Count is four.The self-referencing rate should be less than 3%.**

We have modified that, self-citation count is one now. Thank you.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

(2) Company editor-in-chief:

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 Hepatology, 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. Before final acceptance, uniform presentation should be used for figures showing the same or similar contents; for example, "Figure 1Pathological changes of atrophic gastritis after treatment. A: ...; B: ...; C: ...; D: ...; E: ...; F: ...; G: ...". Please

provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.

We have done the modifications advised and prepared the manuscript according to the instructions. Thank you.