Scientific quality	[ ] Grade A: Excellent [ ] Grade B: Very good [Y] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish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

Xiang Lan et al present a large single center experience of 1137 patients undergoing laparoscopic liver surgery during a 4 year period. Hepatocellular carcinoma was the most common disease (43.10%). The conversion rate was 1.76%, and the complication rate (grade II-V) was 8.88%. The learning curve was grouped into two phases for local resection, three phases for anatomical segmentectomy, and three phases for hemi-hepatectomy. The research topic is important and the paper present the experience on LLR from a very-high volume center.   The inclusion criteria is unclear for me. Methods section: Patients with hemangioma, BCLC-HCC 0~B stage, and A3 stage with normal liver function after conservative treatment and patients in A4 or B stage with a tumor located in the same hemi-liver were included. However, in table 1 the authors show that LLR have been performed for several other indications: metastases, hepatolithiasis, parasitic disease, living-donor, trauma etc. Please clarify.   In my opinion the methods section focus too much on HCC (cirrhosis, histology differentiation). This is a paper on the whole spectrum of liver disease eligible for LLR. In the methods section patients receiving only radiofrequency ablation during laparoscopic surgery were excluded, but in figure 2 the authors present 39 cases. Please clarify.   The methods section should include a paragraph that for analysis of the learning curve LLR were divided into three subgroups: local resection, anatomical segmentectomy, and hemi-hepatectomy, and shortly argue why.   I do not prefer to use the expression "laparoscopic liver-related surgery", either you do a laparoscopic liver resection (LLR) or not. Please give details on the other procedures that were not resections: explorations only? abscess drainage (liver abscess)? hemostasis (trauma)?

Figure 3 could be omitted. Do the authors find that these graphs add any value to the paper?   The learning curve data is the most important and interesting part of the study. The authors present their experience in LLR, and the whole learning curve from their first cases. How many surgeons performed the procedures?   The authors present data on the different subgroups of resections in Figure 4. However, the type of procedures (local resection, anatomical segmentectomy, hemi-hepatectomy) should be included in Table 2. As the experience increase the surgeons often perform more complex procedures. Were more hemihepatectomies performed during the last part of the study?

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) [ ] Minor revision [Y] 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

This is an interesting manuscript describing the authors' great experience. However, this is just description of their experience in its current form.   I recommend that the authors should more focus on thier learning curve and changing the outcomes and the factors inpacted on that during four years. For example, learing curves analysed from bleeding, hospital stay, conversion and morbidity semms also be interested. Changes of types of morbidity, reasons of conversion and surgical indication should be also interested. Minor points 1. Table 3. There should be the definition of central and marginal tumor locations. Also, capsular invasion is unclear, whether it means liver or tumor. 2. Line 4 and 15 in Discussion. J Hepatobiliary Pancreat Sci. 2015 May;22(5):342-52. doi: 10.1002/jhbp.215. from 2nd international consensus conference of lap liver resection should be cited.   Also line 20 ref [24]. J Hepatobiliary Pancreat Sci. 2014 Oct;21(10):745-53. doi: 10.1002/jhbp.166. should be cited as the first difficulty scoring system.   Line 19 ref [22, 23], there is another early report Biomed Res Int. 2015;2015:960752. doi: 10.1155/2015/960752.   Line 21-23. There should be some references.

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 74091

Title: Four-year experience with more than 1000 cases of total laparoscopic liver resection in a single center

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 03845518

Position: Editorial Board

Academic degree: MD, PhD

Professional title: Professor

Reviewer's Country/Territory: Greece

Author's Country/Territory: China

Manuscript submission date: 2022-01-04

Reviewer chosen by: AI Technique

Reviewer accepted review: 2022-01-16 11:03

Reviewer performed review: 2022-01-25 15:26

Review time: 9 Days and 4 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) [Y] Accept (General priority) [ ] 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 is a very interesting paper showing the authors significant experience. Could the authors comment on the laparoscopic vs robotic experience?

PEER-REVIEW REPORT

Name of journal: *World Journal of Gastroenterology*

Manuscript NO: 74091

Title: Four-year experience with more than 1000 cases of total laparoscopic liver resection in a single center

Provenance and peer review: Unsolicited manuscript; Externally peer reviewed

Peer-review model: Single blind

Reviewer's code: 05252185

Position: Peer Reviewer

Academic degree: MD, PhD

Professional title: Associate Professor, Surgeon, Surgical Oncologist

Reviewer's Country/Territory: Croatia

Author's Country/Territory: China

Manuscript submission date: 2022-01-04

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Reviewer accepted review: 2022-01-17 11:41

Reviewer performed review: 2022-01-29 21:51

Review time: 12 Days and 10 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) [Y] Accept (General priority) [ ] 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

Review of the manuscript: „Four-year experience with more than 1000 cases of total (totally) laparoscopic liver resection in a single center (centre)" All Author List: Xiang Lan, Haili Zhang, Hua Zhang, Yufu Peng, Fei Liu, Bo Li and Yonggang Wei Manuscript Type: Retrospective Study   The title reflects the main subject of the manuscript, but it needs to be changed as I show up on this page. Or my proposal is: „Our learning curve in totally laparoscopic liver resection based on more than 1000 cases". In the disclosure chapter, you missed one space: ….or financial ties todisclose. The abstract is well structured and summarize the work described in the   manuscript, and keywords reflect the focus of the manuscript. The manuscript adequately describe the background, present status   and significance of the study. The manuscript generally describes methods in adequate detail, but I will have some proposals: 1. In the chapter, patient characteristics show Barcelona Clinic Liver Cancer (BCLC) as a diagram. 2. In the chapter, surgical technique describe the liver resection technique, instruments which were used, durations of inflow occlusion methods (the longest one, did you make intermittent, after how much time ….?), and correct missing space in Figure 1. 3. In the chapter, diagnosis of cirrhosis describe preoperatively used radiological methods (like elastography, MSCT volumetry if you used them). Results: 1. The sentence:…." Among them, 2 patients received pure laparoscopic common bile duct exploration; 5 patients received laparoscopic splenectomy and portal azygous vein dissection; 2 patients received laparoscopic splenectomy; 1 patient received laparoscopic pancreatoduodenectomy, and 1 patient received laparoscopic Roux-en-Y anastomosis." needs to be removed, it is not our point of interest in this manuscript

(keep the focus). 2. In the demographic data table 1, it looks to me, many hemangiomas indicate resection (explain later in the chapter). 3. Figure 2. – exclude a group of RFA as you mentioned before in the manuscript, it can not fit in this figure which shows the distribution of types of liver resections. 4. Table 2. – explain the increase of the conversion rate in the 2016/2017 year late in the text.   The contribution of this study is a big database of this very challenging operation technique, the retrospective of the learning curve in this, and it will be good material for future meta-analyses of this topic. Discussion: The manuscript interprets the findings adequately and appropriately, highlighting the key points concisely, clearly and logically. The findings and their applicability/relevance to the literature are stated in a clear and definite manner. The discussion is accurate but it needs to underline significance to the clinical practice of this study. This sentence is more fore results chapter: „In our center (centre) in addition to observing these common complications, we found that 4 patients that underwent right anterior lobectomy suffered from right posterior branch injury. One of these 4 patients suffered from liver failure and ultimately died." Figures, diagrams and tables are sufficient and of good quality.   Biostatistics is well done, but it needs to be changed by the excluded cases (RFA group). References: citation was adequately done in this manuscript, with the latest, important and authoritative references, and without self-cite, omit, incorrectly cite and/or over-cite references. Please use the same font in this chapter. The quality of manuscript organization and presentation is good. The style, language and grammar   need to go under native speaker check. The author prepares the manuscript according to the appropriate research methods and reporting. The manuscript meets the requirements of ethics by the local ethics committee.

RE-REVIEW REPORT OF REVISED MANUSCRIPT

Scientific quality	[ ] Grade A: Excellent [Y] Grade B: Very good [ ] Grade C: Good [ ] Grade D: Fair [ ] Grade E: Do not publish
Language quality	[Y] Grade A: Priority publishing [ ] Grade B: Minor language polishing [ ] Grade C: A great deal of language polishing [ ] Grade D: Rejection
Conclusion	[ ] Accept (High priority) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

The authors have satisfactory addressed all my comments in the first review, and I find the manuscript suitable for publication.

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) [Y] Accept (General priority) [ ] Minor revision [ ] Major revision [ ] Rejection
Peer-reviewer	Peer-Review: [Y] Anonymous [ ] Onymous

statements	Conflicts-of-Interest: [ ] Yes [Y] No

SPECIFIC COMMENTS TO AUTHORS

Thank you for your revision. This paper is now more informative for the readers with your large number of experiences in detailed.