

ANSWER for REVIEWERS

September 5, 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 18939-Revised manuscript.doc).

Title: Laparoscopic liver resection: Experience based guidelines

Author: Fabricio Ferreira Coelho, Jaime Arthur Pirola Kruger, Gilton Marques Fonseca, Raphael Leonardo Cunha de Araújo, Vagner Birk Jeismann, Marcos Vinícius Perini, Renato Micelli Lupinacci, Ivan Cecconello, Paulo Herman

Name of journal: World Journal of Gastrointestinal Surgery

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The manuscript in its current form, has improved a lot after the excellent suggestions from the reviewers:

1 The format had been updated

2 Revision was made according to the suggestions of the reviewers:

(1) Comments from reviewer 1: Fabricio Ferreira Coelho et al. reviewed a laparoscopic liver resection and they summarized clinical outcomes. Overall manuscript was well written except references. I ask you to arrange or omit below references due to format errors. 1 is not a paper, just abstract. 6, 14, 17, 27, 28, 30, 33, 41, 53, 54, 56, 60, 62, 66, 76, 88, 111, 122, 114, 124, 129, 133, 135, 138, 165.

Response: Authors carefully read the manuscript for revision and it was reviewed by an English native speaker. We do appreciate the comments and omitted or reviewed all the listed references.

(2) Comments from reviewer 2: This review article provided a lot of information for laparoscopic liver resection including the new or not new concepts. Please remain the new one and make this article more effective for readers. 1. references were too many and appeared out of order according to the instruction for authors. 2. section of "learning curve" needed to be informative 3 The patients in Table 1 were both benign and malignancy. Both had different story and the results were different as well. 4. Please make the manuscript more simple and informative; please LLR had been used more 20 yrs.

Response: Thank you for your comments; we did a comprehensive literature review, encompassing classic and new concepts that have emerged after the 2nd International Consensus Conference on LLR in Japan (2014), as well as key points related to the development of minimally invasive liver surgery.

We rewrote the part regarding learning curve and included a table with key points related to LLR training, to make it clear and more informative.

Table 1 (Table 2 in the revised manuscript) shows that there are few centers with extensive experience with MILS; the Table lists all published single-center series with more than 150 cases, including our own experience.

We made several structural changes in the text to make it more simple, objective and informative. Despite minimally invasive liver surgery have been described more than 20 years ago, just a few groups worldwide have extensive experience with the method (Table 2). Even in countries with long-standing tradition in laparoscopic and liver surgery, MILS has been used in a small proportion of patients: less than 15% of all cases in France^[ref 87] and less than 10% of all operated benign diseases in United States^[ref 88].

87- Farges O, Goutte N, Dokmak S, Bendersky N, Falissard B. How surgical technology translates into practice: the model of laparoscopic liver resections performed in France. *Ann Surg* 2014; **260**(5): 916-921; discussion 921-912 [PMID: 25243552 DOI: 10.1097/sla.0000000000000950]

88- Kim Y, Amini N, He J, Margonis GA, Weiss M, Wolfgang CL, Makary M, Hirose K, Spolverato G, Pawlik TM. National trends in the use of surgery for benign hepatic tumors in the United States. *Surgery* 2015; **157**(6): 1055-1064 [PMID: 25769697 DOI: 10.1016/j.surg.2015.01.015]

Thank you again for accepting our manuscript in the World Journal of Gastrointestinal Surgery. We are sure that this partnership will be profitable.

Sincerely yours,

Paulo Herman MD, PhD

Fabricio Ferreira Coelho MD, PhD

Liver Surgery Unit, Department of Gastroenterology, University of Sao Paulo Medical School, Sao Paulo, SP, Brazil. Rua Dr. Enéas de Carvalho Aguiar, 255 - 9º andar - sala 9025, CEP 05403-900 - Sao Paulo, SP, Brazil

Telephone: +55-11-26617561 Fax: +55-11-26619008