

Reviewer reports:

(1) Science editor:

The manuscript elaborated nine published scientific studies that focused on the safety and clinical significance of ligating the ALHA during LAG. It seems the case was in a rare situation and therefore, can be considered for further review in this journal, however, there are several concerns to be clarified prior to the further review. 1. It's better to change the rows and columns of Table 3. 2. The choice of the references is outdated.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade B (Very good)

A: Thank you! We are really grateful for your efforts to edit this manuscript. According to your suggestions, we changed the format of Table 3 and placed revised Table 3 in the revised manuscript. Furthermore, we added and updated some recent references (line 359- line 478).

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, 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. 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.

A: Thank you for your effort to edit our manuscript. According to these reviewers' suggestions, we carefully revised our manuscript, and we prepared the figures using the PowerPoint. Meanwhile, we changed the format of these tables to standard three-line tables and made its content correctly. All revised files were submitted online.

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Major revision

Specific Comments to Authors: Dear Authors , Undoubtedly this may be the 1st done only on gastric cancer patients, but the systematic review titled "Aberrant left hepatic arteries arising from left gastric arteries and their clinical importance" by Roberto Cirocchi et al is a much more robust study with applicability over a wider range of surgeries including gastrectomy. What is the new thing that this present article adds to the knowledge over and above the article by Cirocchi?

A: These comments are all valuable and very helpful for revising and improving our paper. We have made some modifications according to these comments carefully.

Compared with the systematic review studied by Roberto Cirocchi et al, we summarized the recent knowledge in this study as follows: This is the first systematic review only on GC patients to summarize the clinical significance of ligating the ALHA during LAG by comparing the postoperative complications and the number of retrieved lymph nodes in ALHA preserved group and ALHA ligated group (line 204- line 208). We compared the postoperative

complications and the number of retrieved lymph nodes in ALHA preserved group and ALHA ligated group to clarify the safety and feasibility in LAG. Meanwhile, we updated four latest studies from 2019 to 2021.

Furthermore, according to your suggestions, we changed the conclusion as follows: it is not always safe and feasible for surgeons to ligate the ALHA during LAG surgery, and it is necessary for gastric cancer patients to undergo preoperative examination, to clarify the ALHA subtypes, measure the diameter of ALHA, and determine whether the patients have chronic liver disease (CLD) (line 310- line 314).

According to your suggestion, we changed the title of this study to “Clinical significance of aberrant left hepatic artery during gastrectomy: a systematic review” (line 5-6) and we added one keyword “Ligation” (line 50). Meanwhile, we reordered the paragraphs which is “The anatomy variation of aberrant left hepatic artery” into the Materials and Methods part (line 144- line 150). Also, we swapped the order of Figure 1 with Figure 2.

We added carefully the references into the text of the manuscript based on your marks. And we have sent this manuscript to the native English speaker “American Journal Experts” to revise grammatical errors. And we upload all latest version of this manuscript.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: This manuscript does an excellent job in reviewing the the safety and feasibility of aberrant left hepatic artery (ALHA) ligation in gastric cancer patients who underwent laparoscopic-assisted gastrectomy (LAG). The conclusion for this systematic review provides good basis on the feasible for surgeons to preserve ALHA during LAG surgery. The

manuscript is well written, only a few comments which could be address by the authors as shown in the uploaded file.

A: Thank you for your comment. We feel indebted for your comments. According to your suggestions, we revised and added some contents in this manuscript. As a result, we revised the description of search process as follows:

1. The literature search was systematically performed on databases including PubMed, Embase, and Cochrane Library. The publishing date of eligible studies was from inception to June 2021 (line 32- line 35, line 124- line 126).
2. We added some paragraph about PRISMA-P statement in the search strategy based on your suggestions (line 120- line 122).

Reviewer #3:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: The current review aims to clarify an actual controversy regarding the management of the aberrant left hepatic artery during laparoscopic gastrectomy, summarizing and assessing the safety and feasibility of ALHA ligation in GC patients who underwent LAG surgery. The topic is original and currently debated. The methods are well calrified and the discussion is widely satisfactory. I would just recommend th authors to mention between the initiations of the present study, the absence of Western series within the included papers.

A: We are really grateful for your suggestion and thank for your effort to review this manuscript. According to your comments, we revised the initiation in this manuscript as follows: Forth, between the initiations of this study, the included studies lacked western studies because of none of western studies could be searched based on this search strategy (line 304- line 306).