

We are very grateful to the reviewers for their insightful questions and helpful suggestions. We made a revision that addresses their questions and incorporates their suggestions. In Italics we report the reviewers' comments and, next, our replies.

#### **Reviewer 1**

*This is an interesting paper about the ICG-based Fluorescence Imaging. I think this editorial is worthy for WJGE.*

We thank Reviewer 1 for his/her positive evaluation of our work.

#### **Reviewer 2**

*Dear Authors, Thank you for sharing your experiences in article entitled "ICG-based Fluorescence Imaging in Visceral and HBP Surgery: State of the Art and Future Directions" and Manuscript ID: 39821. Manuscript is an original review article and summarizes the today's and also future perspectives of ICG-based Fluorescence Imaging in Visceral and HBP Surgery. It reviews ICG-based Fluorescence Imaging in high quality and gives important unique insights to understand surgical anatomy, diagnosis and differentiation of pathology and its advances in surgical planning. Give clues to resection of relevant tissues and also prevent anastomosis leakage. The conclusions appropriately summarize the data that this study provided.*

*The only limitations and questions/issues that remain to be solved are economic expense and how complexity of using ICG-based Fluorescence Imaging.*

*This publication impacts basic science and/or clinical practice in high quality to understand surgical anatomy, diagnosis and differentiation of pathology and its advances in surgical planning.*

We thank Reviewer 2 for his/her positive evaluation of our work.

We also thank him/her a lot for the very helpful suggestion regarding incorporating a discussion of the costs and complexity of the ICG fluorescence imaging when applied to visceral and HPB surgery. These are clearly issues of paramount importance, which we now address in the newly added section "Discussion and Perspective" (pp. 13-14).

#### **Reviewer 3**

*Dear Authors, This is a well written study, and I congratulate you for your efforts. The study would be better if you can elaborate more and compare the outcomes of the use of ICG to classic approach in lap. chole and other common GIT surgery.*

We thank Reviewer 3 for his/her positive evaluation of our work.

We feel that we make this comparison between the ICG technique and the classic approach throughout the manuscript. If the reviewer still feels that this is not enough, we will try to expand the discussion further.

#### Reviewer 4

*This is a very interesting article with regard to potential benefit of ICG-based Fluorescence Imaging in Visceral and HBP Surgery. Nevertheless, in my opinion several issues have been raised.*

- 1. The Introduction section should be reduced. The aim of the study should be placed at the end of the section while information relative to final conclusions should be excluded. In addition, comments about well established application of this technique in HPB and Visceral surgery is required.*
- 2. The article is too narrative. Discussion section should be included.*
- 3. Figures should not be placed after Introduction.*
- 4. Grammatical errors should be corrected.*

We thank Reviewer 4 for his/her positive evaluation of our work and for his/her very helpful suggestions. To address them, we revised the manuscript as follows:

1. The Introduction has been shortened, the aim of the study has been placed further down (p. 4), and the information relative to final conclusions has been moved to the very end of the article, in the newly added section “Discussion and Perspective” (p. 13). In addition, in the Introduction (p. 4) there is a summary of well-established applications of ICG technique in visceral and HPB surgery.
2. We fully agree with the reviewer. There is now the newly added section “Discussion and Perspective” (pp. 13-14), which addresses issues that are clearly relevant (see, for example, the comment of Reviewer #3 on costs) and which we did not discuss in the earlier draft.
3. The four Figures have been taken away from the Introduction and have been moved to the newly added section “Discussion and Perspective” (p. 13).
4. A professional copyeditor at Springer Nature Editing Services has proofread the manuscript. We rechecked again the whole article and fixed the very few remaining typos.