

02540539:

Thank you for your comments. Figure one has been amended.

03476433:

Thank you for your comments. We totally agree that the best way to present this topic is through the type of recurrence that may occur. We have outlined our review according to the type of recurrence i.e. disseminated versus oligo-recurrence; and hepatic versus extra-hepatic oligo-recurrences. It can be appreciated from the flow diagram the essential steps in managing a recurrence according to the extent and distribution of the disease.

Literature search was performed on PubMed with a combination of keywords: “LDLT” with “laparoscopy” and/or “laparoscopic assisted” and/or “hand assisted” and/or “subcostal incision” and/or “upper midline incision” and/or “robotic assisted”. The references of the selected papers were reviewed for additional relevant articles. The current manuscript is a narrative review. Since high level evidence is not abundant in the literature, it is difficult to conduct a systematic review or meta-analysis on this topic. The proposed algorithm is based on centre experience and best available evidence. The manuscript has been revised accordingly.

03656580:

Thank you for your comments. We wish to propose a multi-disciplinary management algorithm with a systemic approach.

00054255:

Thank you for your comments. In the current literature there is no evidence to support a recommendation of Tacrolimus level when combined with an mTOR inhibitor. From Geissler et al.’s prospective trial [21], the Sirolimus arm consisted patients receiving either Sirolimus monotherapy or combination with Tacrolimus. Details were not available on the proportion of patients receiving monotherapy or serum Tacrolimus level in patients receiving combination therapy. Nevertheless, it appears that Sirolimus monotherapy might be adequate in some patients while the remaining requires additional Tacrolimus, usually at sub-therapeutic dose. We recommend the level to be individualized according to the liver function and disease status. The manuscript has been revised accordingly.

‘Graft resection’ in the subsequent paragraph refers to partial hepatectomy of the liver graft. The manuscript has been revised accordingly.