

Please resolve all issues in the manuscript based on the peer review report and make a point-by-point response to each of the issues raised in the peer review report. Note, authors must resolve all issues in the manuscript that are raised in the peer-review report(s) and provide point-by-point responses to each of the issues raised in the peer-review report(s); these are listed below for your convenience:

Reviewer #1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: In this retrospective study, 73 patients who underwent HCCA surgery were included to compare the relevant indicators of the two groups of patients and to further explore the difference between eOrganmap 3D reconstruction and full quantification technology and traditional 2D image planning treatment. The authors concluded that establishing precise laparoscopic resection of hilar cholangiocarcinoma based on preoperative eOrganmap 3D reconstruction and full quantification technology could make laparoscopic HCCA resection more accurate and safer. It is well designed and presented with optimal analysis, discussion, tabulation and graphic display of data. Thank you for giving opportunity to review this study. In my opinion, interchanging the horizontal and vertical titles may make the Table 3 and Table 6 more comprehensible for the readers.

Reply: OK! Thank you for affirming this article. Tables 3 and 6 have been adjusted according to your suggestions.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: In this study, the authors analyzed the the clinical data of 73 patients with HCCA who underwent surgery. Preoperative evaluation of HCCA mainly relies on conventional computed tomography and magnetic resonance imaging. Surgeons need to build 2D images into 3D models in their mind based on clinical experience and anatomical knowledge. This method is subjective and will affect the formulation of plans. To establish a laparoscopic precise resection of HCCA based on preoperative eOrganmap 3D reconstruction and full quantification technology, authors compared the relevant indicators of the traditional group (2D imaging planning before surgery) and eOrganmap group (3D reconstruction and full quantification technology planning before surgery) of patients in this manuscript. Their results showed that EOrganmap 3D reconstruction and full quantification

technology planning have obvious advantages in classification accuracy, blood loss, operating time, postoperative intestinal ventilation time, R0 resection rate, number of lymph nodes dissected, total complication rate, and liver function. It's a very interesting research which will provide a new method for precise treatment of HCCA. The article is well written and I have no further comments.

Reply: OK! Thank you for affirming this article.