

November 5, 2018

The Editor
World Journal of Hepatology

Dear Sir or Madam,

Revision of Manuscript 41984

We would like to thank the reviewers for their time and effort to review our manuscript.

We have read the reviewers' constructive criticisms and we have made the necessary corrections. We would like to submit a revised version to be considered for publication. The changes are highlighted and are also detailed in point form below:

- **Editor's Comments:**

Please provide land-line contact phone number:

Authors' Response:

The land-line phone number is provided and specified in the Corresponding Author Section.

- **Editor's Comments:**

Suggested changes in the format of the abstract

Authors' Response:

The format of the abstract has been changed. "Background" has been changed to "Aim" and the first sentence is removed, in keeping with the editor's suggestions

- **Editor's Comments:**

Please add an article highlight section after the Conclusion section:

Authors' Response:

We have complied with the editor's request to write an article highlight section. This section now appears after the conclusion section.

- **Reviewer 00182423 (South Korea): Specific Comments To Authors**

Congratulations on your success in establishing a hepatobiliary surgery unit in the harsh environment of the Caribbean area and achieving wonderful results. This manuscript would be a great support for hepatobiliary surgeons in developing countries elsewhere.

Authors' Response:

The reviewer's supportive comments are noted.

No corrections are required based on this reviewer's comments.

- Reviewer 00054120 (United States): Specific Comments To Authors

Thank you for submitting your work to the World Journal of Gastroenterology, certainly it is very interesting topic. I personally work in very high-volume, high-tech center with all sorts of resources that are available at the tip of the fingers. However, comparing the results of your experience with these cases at your center with high-volume centers may seem little off. These centers, including where I work are not only doing more cases, but doing more complicated cases. High-risk patients with multiple co-morbidities and complicated medical and surgical history are usually referred to these centers, where there are excellent preoperative, intraoperative and most importantly post-operative care. When comparing your outcome with any of these centers you need to take into consideration the patient preoperative status and the presence or absence of co-morbidities. I recommend that you let us know little more about the patient preoperative conditions, any particular surgical approach or technique that were used, such the requirement for veno-venous bypass, transfusion requirement, and special postoperative care. Overall, it is well-written paper that summarized your unique experience, but reaching to the conclusion that such procedures are do-able in your institutions without mentioning patient details as far as preoperative status, intraoperative and postoperative care are overstatement. Please, add some information about patient, surgical technique and postoperative care.

Authors' Response:

The reviewer's comments are well received. In summary, this reviewer sought more information about the patients' pre-operative states in order to determine whether these were complex cases or not. We have addressed this reviewer's comments by the following changes:

Results Section, Paragraph 3: We have added a new paragraph that summarizes the pre-morbid state of the patients in our series. This includes gender, age, number of comorbidities, ECOG status and ASA status. We have also added two tables to provide detailed breakdown of this information. Table 1 outlines the patients' ASA Scores and Table 2 outlines the patients' ECOG scores.

Results Section, Paragraph 4: We have added a new paragraph that details the operative procedures, specifically demonstrating that 38% of hepatectomies planned were anticipated to be technically challenging operations. Detailing the case-complexity would add to our conclusions that safety can be achieved even in a harsh low resource environment.

Results Section, Paragraph 5: We have added a new paragraph that provides details on the operative details, surgical techniques used and the need for veno-venous bypass.

Results Section, Paragraphs 6-8: We have added a new paragraph that documents the overall clinical outcomes of all hepatectomies performed. In the subsequent two paragraphs, we break down the data into two groups: Outcomes after major hepatectomies in technically complex operations are reported in paragraph 7 and the outcomes after major hepatectomies after technically straightforward cases are reported in paragraph 8.

Results Section, Paragraph 9-10: in this paragraph we report the details of transfusion requirements, ICU stay and duration of hospitalization for all hepatectomies performed. In the subsequent paragraph the results are analyzed separately for technically complex cases and technically straightforward cases.

Discussion section, Paragraph 11-12: we have added two paragraphs acknowledging that high volume, referral centers do receive a greater volume of cases, including high-risk patients with multiple co-morbidities and complicated surgical histories. We also discussed the fact that this might skew the outcomes toward greater morbidity and mortality. However, we also discuss the fact that many of our cases were high-risk patients with technically complex operations. We also discuss the fact that many of these patients did not have the option of accessing care in the high-volume referral centers in developing countries.

Conclusion section: We have specifically discussed the fact that many of these operations were performed in high-risk patients with multiple co-morbidities and complex surgical histories, supporting our conclusion that these cases can be performed in low-volume centers, providing that appropriate steps are taken to achieve safety.

- **Reviewer 00183086 (Greece): Specific Comments To Authors**

This is a narrative trial to evaluate clinical outcome after major hepatectomy in low volume centres. In my opinion the article does not meet the scientific standards for consideration for publication. Neither the structure of the manuscript nor its content are acceptable.

Authors' Response:

The reviewer's comments are noted. However, the reviewer has provided no basis to support his/her comment in a fair and transparent manner. Furthermore, this reviewer's comments are not in keeping with the extensive and detailed comments made by the other two reviewers. Therefore, no corrections have been made based on this reviewer's comments.

We hope that the revisions made to this manuscript are now sufficient for the manuscript to be considered for publication in the Journal of Hepatology.

Best regards
Shamir Cawich