Peer Review File

Reviewer A Comments

Well-written description of the textbook outcomes of laparoscopic liver resection.

Methods and statistical analysis are appropriate.

Please add limitations of the study

<u>Response</u>

➢ Firstly, I would like to thank you for reviewing my manuscript and for your expert ideas and suggestions. I appreciate your valuable comments. As you have suggested, I have added limitations to my study.

➢ After revision: The statements, "This review has some limitations. Laparoscopic hepatectomy is only performed at a few expert centers with large volumes, hence articles from relatively less experienced centers were not included. Liver resections, especially when done laparoscopically, vary in terms of the target liver segment and technical difficulty, it is imperative to study the TO for each liver segment separately. These aspects are limited in this review. Further studies focusing on this aspect are needed, including prospective multicenter studies assessing the TO for each type of liver resection. This will enable us to set benchmarks for laparoscopic hepatectomy and enable surgeons and hospitals to assess the safety of performing this procedure." , have been added in the discussion.

Reviewer B Comments

The authors report a brief review summarizing textbook outcomes (TO) after laparoscopic hepatectomy. They also analyze their personal series of lap liver resection for cancer and benign lesions and report their frequency of achieving a TO. Overall the study is well done, and adds useful information to the field.

The data is carefully presented by an experienced team, and several minor concerns should be addressed.

1) The authors should define the precise metrics they use for achieving TO in the methods.

Response:

➢ Thank you for your comment. We have added the metrics used at our centre for achieving TO.

➢ <mark>After revision:</mark> The statements, "Previous publications at our center were used as part of this review. Metrics for achieving TO were negative margin, no transfusion, no postoperative major complications, no 30-day readmission, no 30-day mortality, and length of stay (LOS) ≤50th percentile[12]", were added to the methods section.

2) The authors conclude that patient factors should be considered in TO (and not just surgical outcomes). The paper would be strengthened by defining what patient factors they recommend using.

Response:

➢ Thank you for your suggestion. We have added the patient factors which we recommend using in assessing TO.

➢ <mark>After revision</mark>: The statement, "Studies analysing patient factors including days of return to normal activity, days with reduced pain, etc can be used while assessing textbook outcomes", has been added in the discussion.

3) The authors should cite the related paper on the topic:

Russolillo N, Aldrighetti L, Cillo U, et al. Risk−adjusted benchmarks in laparoscopic liver surgery in a national cohort. Brit J Surg. 2020;107:845–853.

Response

➢ Thank you for your suggestion, the above reference has been added to the manuscript.

➢ <mark>After revision</mark>: The statements, "Another study by the Italian Group of Minimal Invasive Surgeons calculated benchmarks in performing LLR using the Achievable Benchmark of Care (ABC™). Their overall morbidity benchmarks were between 7.8 to 26.4% and for major morbidity were between 1.4-5.7%, depending on complexity. (Russolillo N, et al. Brit J Surg. 2020)", have been added in the discussion.