**Supplementary table. The literature on resection for hepatocellular carcinoma located in the caudate lobe.**

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| Year | Authors | Title | Journal | Vol. | Page |
| 1994 | Takayama et al | High dorsal resection of the liver | J Am Coll Surg | 179 | 72-5 |
| 1998 | Takayama et al | Segmental liver resections, present and future-caudate lobe resection for liver tumors | Hepatogastroenterology | 45 | 20-3 |
| 2003 | Kondo et al | Isolated paracaval subsegmentectomy of the caudate lobe of the liver | Langenbecks Arch Surg | 388 | 163-6 |
| 2004 | Ikegami et al | Limited hepatic resection for hepatocellular carcinoma in the caudate lobe | World J Surg | 28 | 697-701 |
| 2004 | Yamamoto et al | Surgical strategy for hepatocellular carcinoma originating in the caudate lobe | Surgery | 135 | 595-603 |
| 2005 | Tanaka et al | Surgical outcome of patients with hepatocellular carcinoma originating in the caudate lobe | Am J Surg | 190 | 451-5 |
| 2009 | Utsunomiya et al | High dorsal resection for recurrent hepatocellular carcinoma originating in the caudate lobe | Surg Today | 39 | 829-32 |
| 2009 | Sakoda et al | Surgery for hepatocellular carcinoma located in the caudate lobe | World J Surg | 33 | 1922-6 |
| 2010 | Liu et al | Prognostic factors in the surgical treatment of caudate lobe hepatocellular carcinoma | World J Gastroenterol | 16 | 1123-8 |
| 2011 | Liu et al | Surgical treatment of huge hepatocellular carcinoma in the caudate lobe | Surg Today | 41 | 520-5 |
| 2011 | Sakamoto et al | Prognosis of patients undergoing hepatectomy for solitary hepatocellular carcinoma originating in the caudate lobe | Surgery | 150 | 959-67 |
| 2012 | Midorikawa et al | Caudate lobectomy (segmentectomy 1) (with video) | J Hepatobiliary Pancreat Sci | 19 | 48-53 |
| 2012 | Zhou et al | Surgical outcomes of hepatocellular carcinoma originating from caudate lobe | ANZ J Surg | 83 | 275-9 |
| 2012 | Liu et al | Choice of approach for hepatectomy for hepatocellular carcinoma located in the caudate lobe: isolated or combined lobectomy ? | World J Gastroenterol | 18 | 3904-9 |
| 2013 | Sun et al | Emergency caudate lobectomy for ruptured hepatocellular carcinoma with multiple primary cancers | World J Gastroenterol | 19 | 418-21 |
| 2013 | Ishii et al | Mesohepatectomy with total caudate lobectomy of the liver for hepatocellular carcinoma | World J Surg Oncol | 11 | 82 |
| 2014 | Cheung et al | Improved anterior hepatic transection for isolated hepatocellular carcinoma in the caudate | Hepatobiliary Pancreat Dis Int | 13 | 219-22 |
| 2015 | Hong et al | Management of hepatocellular carcinoma rupture in the caudate lobe | World J Gastroenterol | 21 | 8163-9 |
| 2016 | Ochiai et al | Modified high dorsal procedure for performing isolated anatomic total caudate lobectomy (with video) | World J Surg Oncol | 14 | 132 |
| 2017 | Shindoh et al | Bilateral anatomic resection of the ventral parts of the paramedian sectors of the liver with total caudate lobectomy for deeply/centrally located liver tumors: a new technique maximizing both oncological and surgical safety | J Hepatobiliary Pancreat Sci | 24 | E10-6 |
| 2018 | Higaki et al | Ventral approach for resecting hepatocellular carcinoma in the caval portion of the caudate lobe | Surgery | 163 | 1245-9 |
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