

## Format for ANSWERING REVIEWERS

May, 15, 2014



Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 10125-edited JH Han.doc).

**Title:** Evaluation of Prognostic Factors of Recurrence after Curative Resections for Hepatocellular Carcinoma

**Author:** Jae Hyun Han, Dong Goo Kim, Gun Hyung Na, Eun Young Kim, Soo Ho Lee, Tae Ho Hong, Young Kyoung You

**Name of Journal:** *World Journal of Gastroenterology*

**ESPS Manuscript NO:** 10125

Thank you for your kind comment and questions to make better paper.

We carefully reviewed and discussed about the respectful comments provided by the renowned expert in the field and have made revisions on the first manuscript according to the recommendations. The list addressing each comment raised by the reviewer and the corresponding changes are included below.

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

### **Reviewer 54271**

(1) My advice is to name this paper: "Evaluation of prognostic factors of recurrence after curative resections for hepatocellular carcinoma".

→ We corrected the title of this paper as your recommendation.

### **Reviewer 32726**

(1) In patients' characteristics, the average of AFP level, PIVKA II or tumor numbers are not correct. The mean square deviation is not available in here. You can count the patients by positive and negative of AFP level, or use the median and quartile to describe these characteristics.

→ We added median value and interquartile range of AFP and PIVKA II in table "patients' characteristics". However, the median value and the interquartile range of tumor number was only "1" so, we inevitably maintained mean value of the tumor number.

(2) The structure of table 2, 3, 4 should be regulation. The variables should be grouped clearly and specifically, not like one group and its proportion in patients.

→ The continuous variables which have large standard variation were converted to categorical variables using the ROC curve. The one group in the table is the most significant variable that was calculated from it. It was also described in the method “statistical analysis”.

(3) In this study, the skills, experience of surgical resection and other patients’ characteristics may contribute to the prognosis of resection, it is necessary to decrease these biases through any measures.

→ I entirely agreed with you. However, the surgical resection in this study was conducted by two surgeons with over 20 years of experience who specialized in liver surgery. So, I think that it was possible to minimize the biases derived from the skills and experiences.

(4) “A good prognosis” at the last sentence of your abstract is not appropriate, may be “an accurate prediction of prognosis” is better.

→ As your recommendation, we corrected it.

(5) “segmentectomy” at results of patients’ characteristics means partial lung resection. “Segmental liver resection” may be what you want to expressing.

→ Yes, we corrected it.

(6) The follow-up period of survival or death should be illustrated in table 4.

→ As you appointed, we added the mean follow up period of both group in table 4.

#### **Reviewer 32726**

(1) Page 2, line 13. What is “tumor biology”. Please write more specific.

→ Tumor biology means the oncologic characteristics of the tumor, especially tumor cell differentiation and microvascular invasion. We evaluated preoperative factors predictive of tumor cell differentiation. It was described in the introduction and we corrected “tumor biology” to “histologic grade of tumor” in the abstract.

(2) Page 2. In conclusion, authors wrote that it is possible to predict a good prognosis after surgery using our scoring system even in large size tumors. But according to their results, this scoring system was effective only in larger size tumor. They cannot say “even in”.

→ As you appointed, we deleted this expression.

(3) Introduction. Authors might not need to write following sentence, because their study didn’t cover liver cirrhosis. “Most cases of hepatocellular carcinoma (HCC) are accompanied by liver cirrhosis.”

→ We corrected this sentence to “Most cases of hepatocellular carcinoma (HCC) are accompanied by liver disease induced by viral hepatitis or alcohol.”

(4) Authors didn't explain the detail of method of PET. Similarly, the method of CE-MRI is not adequate. How many patient received PET and MRI? In method section, authors wrote that "almost all patients" received PET, and that "the majority of all candidates" received MRI. Because this is a scientific paper, I don't recommend using "almost all" or "the majority of all". Gd-EOB-DTPA is a relatively new CM. Magnetom Verio is a 3T MRI (relatively new MRI). On the other hand, patients were collected from 2000 to 2012. I guessed patients at early 2000 were not eligible for this study. Please clarify.

→ As you appointed, we described exact number of the patients who performed PET CT and MRI. Gd-EOB-DTPA is a relatively new CM as you pointed out. It was conducted after 2008 in our hospital and the data of MRI before 2008 was not included in the analysis of this study. The detailed protocol of MRI and PET CT was not mentioned in this manuscript unfortunately, because, this manuscript is already voluminous by another more important contents.

(5) Did authors measure SUVmax or SUVmean?

We measured SUVmax.

(6) Page 6, line 21. ROI of liver parenchyma. I can't understand "using the same ROI size". Did authors mean "using the same ROI as tumor ROI"? But authors wrote that the ROI of the liver parenchyma was drawn to include the liver parenchyma as much as possible. How did they draw ROIs of tumor and liver parenchyma?

→ As you pointed out, we corrected that sentence more precisely in the manuscript.

First, we measured signal intensity of the tumor in the section with the largest tumor diameter using ROI. And then we measure the signal intensity of the liver parenchyma at the same section using the same ROI size used for the tumor.

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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