

ANSWERING REVIEWERS

January 29, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 1288-review.doc).

Title: Epidemiology, Clinical-Treatment patterns and Outcome in 256 Hepatocellular Carcinoma cases

Author: Luigi Fenoglio, Cristina Serraino, Elisabetta Castagna, Adele Cardellicchio, Fulvio Pomero, Maurizio Grosso, Carlo Senore

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 1288

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer (NO: 00007472):

- (1) *"Authors here present an interesting series of patients with HCC treated over 10 years in a single institution. Changes in epidemiology and lack of strict adherence to the BCLC treatment recommendations follow other recently published series but globally the observations made help underscore the situation in the clinical setting in many tertiary care centers and"*

We do not understand this observation: is the sentence/phrase incomplete?

- (2) *"The AASLD and EASL criteria for the diagnosis of HCC have changed over this period. Was the accuracy of diagnosis re-evaluated or did authors simply rely on the diagnosis described in medical reports?"*

We relied on the diagnosis described in medical reports.

- (3) *"The results shown in Table 1 are almost entirely duplicated in the text."*

In the revised text we eliminated that table.

- (4) *"The low number of BCLC C stages deserve an explanation. Does the center serve as a referral center for ablation/resection? That would explain that patients with PVT or altered ECOG are not referred for evaluation."*

S. Croce Hospital is a referral center for ablation/resection, this is why patients with PVT or altered ECOG are not referred for evaluation.

- (5) *"When survival is analyzed, it is not clear whether or not a multivariate model was constructed in which BCLC stage, period and treatment were found to retain an independent prognostic power. If so, hazard ratios should be provided and the process of model construction should be explained (a table with the preceding univariate analysis would be useful)."*

When survival is analyzed, in the revised text, we clarify the construction of multivariate model and we provide hazard ratios and a table with the preceding univariate analysis.

- (6) *"The discussion is intelligent and profound. The fact that guidelines are hardly useful if patients do not have access to the best treatment options should be underscored."*

In the discussion of the revised text we underscore this fact.

(7) *Figure 5 adds little to the manuscript.*

In the revised text we eliminated that figure.

(8) *The number of patients at risk should be given in figures 8, 9 and 10.*

In each figure we reported the number of patients at risk.

(9) *English editing is much needed.*

A person expert on English language revised the text.

3 References and typesetting were corrected

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



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