

Jan 2, 2015

Dear Editor

Editor, World Journal of HEPATOLOGY

Please find enclosed the edited manuscript in Word format (file name: WJG_HAIC review_Revision_15379.docx).

Title:

Hepatic artery infusion chemotherapy for advanced hepatocellular carcinoma

Author: Myeong Jun Song

Name of Journal: *World Journal of Gastroenterology*.

ESPS Manuscript NO: 15379

We have carefully considered the suggestions by the reviewers. We fully agree with the opinions of the reviewers.

Point-by-Point Response to Reviewer I

Reviewer 1

1. The author reviewed hepatic artery infusion chemotherapy for advanced HCC. Well presented and readable manuscript. In a study by Nouse et al. used data from a large-scale nationwide survey in Japan. In this study, the outcome of 476 patients with HCC who underwent hepatic arterial infusion chemotherapy with 5-fluorouracil and cisplatin were compared with 1466 patients who did not receive active therapy. They found that the response rate to HAIC was high (40.5%). This study should be

mentioned both in the text and table 1 (Nouso K, Miyahara K, Uchida D, Kuwaki K, Izumi N, Omata M, Ichida T, Kudo M, Ku Y, Kokudo N, Sakamoto M, Nakashima O, Takayama T, Matsui O, Matsuyama Y, Yamamoto K; Liver Cancer Study Group of Japan. Effect of hepatic arterial infusion chemotherapy of 5-fluorouracil and cisplatin for advanced hepatocellular carcinoma in the Nationwide Survey of Primary Liver Cancer in Japan. Br J Cancer. 2013 Oct 1;109(7):1904-7. doi: 10.1038/bjc.2013.542. Epub 2013 Sep 5).

→ We fully agree with the reviewer's comment. We revised to add the new texts and reference (See page 8 line 9-14 in revision).

Point-by-Point Response to Reviewer II

Reviewer 2

1. Author is a good job. I suggest the following: Increase the number of references in the text. For the extension looks like a mini-review. .You Can add one or two more figures? You can increment the conclusion about the future chemotherapy in liver cancer

→ I agree with your comment. I added references and one more figure. I revised the conclusion as follows; “The advantages of HAIC are to delivers high chemotherapeutic drugs directly into the hepatic arterial branches relating with the tumors and able to repeat injection relatively simpler to carry out, and consequently increasing local therapeutic level and decreasing systemic adverse effect. Therefore, HAIC may be a promising treatment strategy for the management of advanced HCC. However, the limitations of study on HAIC are that sample size is small and that large randomized trials are still lacking. Further study about determination of appropriate treatment regimen in HAIC will be important. As sorafenib is the standard treatment for advanced HCC, it will be necessary to comparative study between sorafenib and HAIC.” (See page 9-10, line 18-5 in revision)

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

Sincerely yours,

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