

18 April 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 17085-review.doc).

Title: Efficacy of hepatic resection versus transarterial chemoembolization for solitary huge hepatocellular carcinoma

Author: Shao-Liang Zhu, Jian-Hong Zhong, Yang Ke, Liang Ma, Xue-Mei You, Le-Qun Li

Name of Journal: World Journal of Gastroenterology

ESPS Manuscript NO: 17085

Dear Editors and Reviewers:

Thank you very much for your letter and advice about our manuscript "Efficacy of hepatic resection versus transarterial Chemoembolization for solitary huge hepatocellular carcinoma: a propensity score analysis" (No: 17085). We have revised the paper, and would like to re-submit it for your consideration. We have addressed the comments raised by the reviewers, highlighting all changes in the revised manuscript using the "Track Changes". The main corrections in the paper and the responds to the reviewer' s comments are as flowing:

Comments from Reviewer 1

This article includes important data. However, there are several points to be revised.

1. In the method section, there should be original indications for HR and TACE. Also, there is difference of follow up periods before PSM between HR and TACE. Is there

histological difference of indications? It should be clarified.

Response: The indications for HR and TACE were added in the section of Method (P4 and P5). Patients in HR group have longer follow-up period (47.1 vs. 33.4 m) because these patients have better survival and compliance. Due to no pathologic sample was collected for patients in TACE group, histological difference of indications were not reported in this paper.

2. The background features of tumors, histological differentiation and macroscopic type (single nodule without capsule invasion, with invasion, extracapsular growth etc), should be added in tables and matching.

Response: Due to no pathologic sample was collected for patients in TACE group, histological difference of indications were not reported in this paper.

3. Treatments after tumor recurrence should be mentioned.

Response: We have added these data in the section of result (P7) and Fig.4.

4. Method (used software) of PSM should be mentioned.

Response: This content was described in Method (P6).

Comments from Reviewer 2

The PIs collected a consecutive series of 247 huge HCCs. Among them 67 HCCs received TACE and the other 180 HCCs received hepatic resection (HR). Sixty-one pairs of matched patients were selected from each treatment arm by conducting propensity score matching. They found that survival rate was better in the HR group than in the TACE group.

Critiques: 1. In the method section, there are indications for HR, what is the indication for TACE? Why only 27% patients received TACE?

Response: We have added these content in the section of Method (P7).

2. It is acceptable that HR is better than TACE in huge HCC. However, did PI try to do complete TACE for each case? Please indicate number of TACEs in the TACE group.

Response:Of course, complete TACE was done for each case in this retrospective study. Number of TACEs in the TACE group has been added in the section of TACE procedure (P5).

3. The TACE group had a higher mortality then the HR group. Why the total follow up period before PSM was significantly longer in the TACE (33.4 months) than in the HR group (17.1 months). Please also indicate the follow up period after PSM.

Response: This mistake comes from our negligence. We have re-calculated the data added the follow up period after PSM and revised the manuscript (P7).

4. Please give a new figure and a description for tumor recurrence in the HR group.

Response: We have added these data in the section of result (P7) and Fig.4.

5. How many patients in the HR group received TACE, RT or other therapy after tumor recurrence?

Response: We have added these data in the section of result (P7).

6. The discussion is redundant with poor English grammar. Please focus on the main findings.

Response: The whole manuscript has been revised as well as the section of discussion.

Other revisions according to the the Editor's comments:

1. The whole manuscript has been revised for language editing by Armando Chapin Rodríguez, PhD from creaducate enterprises (www.creaducate.hk).
2. We have revised the title according to the Editor's comments.
3. We have added "Ethics approval", "Informed consent", "Conflict-of-interest" and "Data sharing" section according to the Editor's comments.
4. We have revised the "Abstract" section according to the Editor's comments.
5. We have added the "Core tip" section according to the Editor's comments.
6. We have added the "COMMENT" section according to the Editor's comments.
7. We have revised the "References" section according to the Editor's comments.
8. The figures have been made by PPT and uploaded according to the Editor's comments.

We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestions.

Thank you again for considering to publish our manuscript in the World Journal of Gastroenterology.

Yours sincerely,

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