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Fang-Fang Ji
Science Editor
Editorial Office
World Journal of Hepatology

Dear Editor,

**Re: Strategies to increase the resectability of hepatocellular carcinoma -
Manuscript Revision**

Thank you for giving me the opportunity to revise this manuscript.

Here are the comments by Reviewer 02540171:

This article elaborate five strategies (PVE, TACE and PVE, Staged hepatectomy, Two-stage hepatectomy with portal vein ligation and ALPPS) for the R0 resection of HCC. The readers have an easy access to understand the current methods which increase the possibility of hepatectomy, especially for the ALPPS. It is better to provide a detailed picture for the ALPPS in this article. Also, all the strategies are about the increase of FLR, a brief introduction of factors or mechanism associated with liver hypertrophy should be mentioned in the start of article.

Answer: A figure (Figure 1) depicting ALPPS is added. Also added is the new section Regeneration of Liver Remnant on page 7.

Here are the comments by Reviewer 00003940:

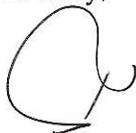
This review makes the case for an extension to the process of portal vein embolization to expand the potential residual liver by ALPPS (Associating Liver Partition and

Portal Vein Ligation in Staged Hepatectomy). This is an extensive and complex procedure which may be indicated in some cases of HCC. I am a little concerned that it would be take up by surgeons who were not highly experienced where the complication rate may be excessive and it may be better to rely on radiological embolization of the portal vein. The liver can be very vascular and it may be difficult to stop at the stage of splitting the liver. However the case is made and appears rational. The review explains the risks.

Answer: Yes, ALPPS is a very complicated procedure, and high morbidity and mortality rates have been reported. It thus should not be performed by inexperienced HBP surgeons. Further studies should be carried out to examine its overall short-term and long-term outcomes. It is also true that significant blood loss might occur during liver transection. Factors like liver cirrhosis, large tumor size, relatively poor liver function, etc., may render liver transection difficult. Therefore sometimes it is not feasible to complete a liver transection down to the IVC. More in-depth research on this relatively new technique is needed.

My manuscript has been improved significantly after revision. I sincerely wish that the revised manuscript can be accepted for publication in *World Journal of Hepatology*. I declare that the manuscript has been seen and approved by all authors and has not been submitted elsewhere for publication, and that none of the authors has any financial interests in relation to any subjects in the manuscript.

Yours truly,



Kenneth SH Chok

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