

October 26, 2015

Professor Ze-Mao Gong

Science Editor, Editorial Office

Baishideng Publishing Group Inc.

Dear Prof. Gong,

We would like to thank the reviewers for their thoughtful and careful critique of our manuscript. Please find attached a revised copy of the manuscript and a point-by-point response to the reviewers' comments.

We have revised our manuscript according to the Guidelines and Requirements for Manuscript Revision-Retrospective Study. We have also provided an Audio Core Tip for this manuscript. Table 1 has been revised to include a comparison of clinical characteristics such as presence of satellite lesions, PVTT typing information, and degree of fibrosis between the two groups. We have re-emphasized in the Discussion section that the small sample size precluded a comparison of important factors such as HBV genotypes and a detailed analysis of extrahepatic metastasis. The entire manuscript has been revised to make it succinct and to improve the language where required. We believe that the revised manuscript will be of interest to the readers of World Journal of Gastroenterology.

We thank you for your time and consideration and look forward to a favorable response from you at your earliest.

Sincerely yours,

Bin Liu

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**Step 1. Please revise your manuscript according to the reviewers' comments.** To access the reviewers' comments, please log into the Express Submission and Peer-review System (ESPS) by entering your registered e-mail: jianglilj138@sina.com and user password: medcom123 under the "Author Track Manuscripts" heading at <http://www.wjnet.com/esps/trackmanuscript.aspx>. You are expected to address each of the points raised by the reviewers in a response letter that is to accompany your resubmission. Please download the manuscript file edited by the editor, located in the "Manuscript" column, by clicking the link and the title line. You will find the editor's suggestions in the edited manuscript file, which have been added using the Track Changes function. All of the revisions that you make to the revised manuscript should be cited in the response letter and highlighted in the updated version of the manuscript. In order to continually improve the quality of peer-review for our journals, we urge authors to carefully revise their manuscripts according to the peer-reviewers' comments and we promote productive academic interactions between the peer-reviewers, the authors, and our readers. To this end, we include each of the reviewers' comments, in an anonymized manner, as well as the authors' responses along with the manuscript's publication online.

**Step 2. Please update the manuscript according to the Guidelines and Requirements for Manuscript Revision-Retrospective Study.** You can find the Guidelines and Requirements for Manuscript Revision-Retrospective Study, which includes the detailed writing requirements for the Title, Running Title, Authorship, Abstract, Keywords, Core Tip, Academic Rules and Norms, Tables and Illustrations, Comments and References, as an attachment.

**Response:** The manuscript has been updated according to the Guidelines and Requirements for Manuscript Revision-Retrospective Study.

**Step 3. Please provide an Audio Core Tip.** In order to attract readers to read your full-text article, we request that the author make an audio file describing the final core tip of the manuscript. This audio file will be published online, along with your article. **Acceptable file formats** are .mp3, .wav, or .aiff.

**Response:** An Audio core Tip has now been provided.

**Step 4. Please subject the manuscript to *CrossCheck* analysis and the final title to Google Scholar search, and store screenshot images of the results.** *CrossCheck* powered by *iThenticate* (document checking software) is an initiative started by *CrossRef* to help its members actively engage in efforts to prevent scholarly and professional plagiarism. We strongly suggest that you perform a check of your revised manuscript before resubmission using the *CrossCheck* program available at <http://www.crossref.org/crosscheck/index.html> and of the final title using Google Scholar at <http://scholar.google.com/>.

**Response:** We have checked with the editorial office. The journal would kindly help us with this check.

**Step 5. Please provide the files related to academic rules and norms.** The files related to academic rules and norms include the Institutional Review Board statement, informed consent statement, biostatistics statement, conflict-of-interest statement, and data sharing statement. You can find the detailed requirements in the Guidelines and Requirements for Manuscript Revision-Retrospective Study and in the Format for Manuscript Revision-Retrospective Study, both of which are provided as attachments.

**Response:** The required statements have been provided.

**Step 6. Please revise the language of your manuscript.** For manuscripts submitted by Non-Native Speakers of English, the authors are required to provide a language editing certificate, which will serve to verify that the language of the manuscript has reached Grade A. You can find the details of the language editing process for manuscripts submitted by Non-Native Speakers of English at [http://www.wjgnet.com/bpg/navdetail\\_85.htm](http://www.wjgnet.com/bpg/navdetail_85.htm).

**Response:** The entire manuscript has been revised to improve the language.

**Step 7. Please sign the Copyright Assignment form.** The Copyright Assignment form can be downloaded from the ESPS; you may find it under the "Files Download" area (please click on the "+" in front of the manuscript number to view the Files Download button). Please note that the information in the signed document (*i.e.*, the manuscript title, the authors' list, and the corresponding author) must be identical to the information presented in the final version of the manuscript. Please do not fax the signed documents, but instead submit the scanned PDFs online or by e-mail.

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- 1 21231-Revised manuscript
- 2 21231-Answering reviewers
- 3 21231-Copyright assignment
- 4 21231-Audio core tip
- 5 21231-Institutional review board statement
- 6 21231-Informed consent statement
- 7 21231-Biostatistics statement
- 8 21231-Conflict-of-interest statement
- 9 21231-Data sharing statement
- 10 21231-Google Scholar
- 11 21231-CrossCheck
- 12 21231-Language certificate

As your manuscript is a Retrospective Study, you are required to provide documents No. 1 to No. 11 above, according to the Committee on Publication Ethics. If the authors are non-native speakers of English, then the No. 12 document must be provided as well. If the authors cannot provide all of the documents required, the editorial office will not be able to accept the manuscript for publication. We apologize if this regulation poses any inconvenience, and thank you for your understanding!

If you have any questions that arise during the revision of your manuscript, please feel free to contact me *via* e-mail at: [z.m.gong@wjgnet.com](mailto:z.m.gong@wjgnet.com). Furthermore, if you have any complaints or suggestions, you may contact Director Jin-Lei Wang *via* e-mail at: [j.l.wang@wjgnet.com](mailto:j.l.wang@wjgnet.com) or telephone at: +86-10-5908-0039 or +86-10-8538-1891.

Best regards,

Ze-Mao Gong,

Science Editor, Editorial Office

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## **Point-by-point response to reviewers' comments**

### **Reviewers' Comments:**

#### **1. Reviewed by 00503469**

The lay-out of the article is clear. The objectives are stated in the introduction, which points out the relevance of this study. The study is built stepwise. The explanation of the results is well-written. The article should be accepted after minor language polishing and shortening of the introduction and discussion, which should be more concise.

**Response:** The Introduction and Discussion sections have been revised to make them succinct, and to improve the language.

#### **2. Reviewed by 02937399**

The manuscript entitled "Sorafenib after resection improves the outcome of BCLC stage C hepatocellular carcinoma" by Liang Li et al. is an interesting study supporting other previous study in which it is supported the use of adjuvant Sorafenib in patients in BCLC C after liver resection. The study is worth but the authors should include more clinical characteristics (HBV genotypes, degree of fibrosis/cirrhosis, extrahepatic metastasis, multinodularity, etc) either in the text in case of absence of the variable, or in the Table I in case of differences among the patients with statistical analysis.

**Response:** Table 1 has now been updated and the Results section has been revised to include some additional information on clinical characteristics of patients in the two groups.

#### **3. Reviewed by 00006499**

In this study, the authors retrospectively compare surgical resection (SR) alone to SR + Adjuvant Sorafenib for patients with BCLC C hepatocellular carcinoma (HCC). All patients had Childs A cirrhosis and PV tumor thrombus. 12 received SR + sorafenib within 30 days after surgery, and 234 had SR alone. SR+sorafenib group had a significantly longer TTP (29 months vs. 22 months), and a significantly longer median OS (37 months vs. 30 months) compared to patients in the SR group. The study is well-written and carefully performed by an experienced group. Several major concerns need to be addressed: 1. A concern is

the very small sample size of 12 SR + sorafenib patients. 2. While this study is of interest, there are several major concerns regarding comparison between the two groups. This limits the potential relevance of the findings. For example, were the 2 groups comparable for presence of satellite tumors ? Likewise were the 2 groups similar for etiology of cirrhosis with HBV/HCV ? 3. It seems there may have been selection bias (surgeon preference or socioeconomic status of patient) in deciding which patients received Sorafenib.

**Response:** Although we agree with the reviewer that it is important to perform a detailed analysis of factors such as etiology of cirrhosis with HBV/HCV, and presence of satellite tumors in the two groups, the small sample size in this study precluded such a detailed analysis. Since we are unable to increase the sample size in this study, we added a number of additional clinical characteristics in our comparison of the two groups (Table 1). We have re-emphasized in the Discussion section that the major limitations of this study were the small sample size as well as factors such as surgeon preference and socioeconomic heterogeneity within the study population.