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To the members of the editorial board:

This letter is to prove that TW-DAY Translation Cooperation Ltd. had provided scientific editing for the paper “Cost-Effectiveness of Population-Based Screening of Hepatocellular Carcinoma - Comparison between Abdominal Ultrasonography and Two-stage Screening” authored by Ming-Jeng Kuo, Hsiu-Hsi Chen, Amy Ming-Fang Yen, Jean Ching-Yuan Fann, Sam Li-Sheng Chen, Sherry Yueh-Hsia Chiu, Yu-Min Lin, Hung-Chuen Chang, Yueh-Shih Lin, and Chao-Sheng Liao. The authors wrote the manuscript, and the English-language editing provided by TW-DAY Translation Cooperation Ltd. does not modify the scientific content of the manuscript. Few editing examples are provided here to illustrate the nature of our scientific editing service.

Original text 1:

Two-stage biomarker-ultrasound method and mass screening with abdominal ultrasonography (AUS) have been proposed for early detection of HCC. Cost-effectiveness analysis of these two screening strategies for HCC with respect to optimal initial age, and inter-screening interval remains unclear.

Edited text 1:

Two-stage biomarker-ultrasound method and mass screening using abdominal ultrasonography (AUS) have been proposed for the early detection of Hepatocellular Carcinoma (HCC). The cost-effectiveness of these two HCC screening strategies remains unclear in some aspects such as the optimal initial age, and inter-screening interval.

Original text 2:

A Markov state-transition model using a Societal perspective and a lifetime horizon. Simulations were performed in hypothetical cohorts of the 40-year-old general population in high HCC incidence area, like Taiwan.

Edited text 2:

The design involves a Markov state-transition model with a societal perspective and a lifetime horizon. Simulations were performed in hypothetical general population cohorts of 40-year-old in area with high HCC incidence such as Taiwan.

Original text 3:

Mass screening with AUS is more cost effective than two-stage biomarker-ultrasound screening. Screening starting from age 50 years and a two-year inter-screening interval are the most optimal strategy.

Edited text 3:

Mass screening using AUS is more cost effective than two-stage biomarker-ultrasound screening. The most optimal strategies are an initial screening age at 50 years old and a two-year inter-screening interval.

Please do not hesitate to contact TW-Day Translation Cooperation Ltd. if you have any further question.