Development of a prognostic scoring system for resectable hepatocellular carcinoma

Carlo Sposito, Stefano Di Sandro, Federica Brunero, Vincenzo Buscemi, Carlo Battiston, Andrea Lauterio, Marco Bongini, Luciano De Carlis, Vincenzo Mazzaferro

ANSWERS TO REVIEWERS

Editor

RE: We thank the Editor for giving us the possibility of revising our manuscript. As per your request we added the section "Comments" to our manuscript, we added the PMID and the DOI codes to all the references and we submitted language certificate provided by a professional English language editing company.

Reviewer 1 (code 03479459)

The Authors submitted a retrospective study, proposing a new scoring system for resectable hepatocellular carcinoma. The study is interesting and trough a sophisticated statistical analysis of a large group of patients, provides a demonstration of the possibility to expand the obsolete EASL/AASLD guidelines. Statistical analysis is complex and may be hostile to the reader, however it appears to be accurate, providing very interesting results.

RE: We warmly thank the reviewer for the positive comments.

Reviewer 2 (code 03479773)

1. The authors should show recurrence free survival, the sites of recurrences and the treatments after recurrences in each cohort of the patients.

RE: We thank the reviewer for the positive comments and for the thoughtful suggestion.

In the results section (page 10) we added data on recurrence-free survival for the entire series: "*Recurrence-free survival (RFS) at 3 and 5 years and median RFS were 43.7%, 31.8% and 28.8 months (95%CI: 25.0-35.6) respectively*"

Moreover, at page 11, we detailed RFS for each risk category "*Three-year, 5-year and median RFS were 46.4%, 33.8% and 31.5 months (95%CI:25.3-35.7) respectively in the low risk category, 40.1% 28.1% and 29.9 months (95%CI:25.6-34.2) respectively in the intermediate category and 34.5% 25.9% and 12.5 months (95%CI:2.8-22.2) respectively in the high risk category (p=0.020). Details on sites of HCC recurrence and treatments for recurrence are shown in supplementary table 2.*"

Finally, we created a table (supplementary table 2) in which sites of recurrence and treatments of recurrence are detailed for each risk category.