

Response to Reviewers: Dear Editor,

Thank you for reviewing our article for publication. The responses to the comments of the reviewers are as follows.

Reviewed by 03081302

Comment: 1. Can you give the detail medication during the TACE?

Response: Thank you for your advice. We have added detail medication during the TACE on Page 6, lines 24- Page 7, lines 1: "TACE was performed with 30mg of miriplatin, 3mL of lipiodol and gelatin sponge particle (Figure 5)"

Comment: 2. It will be better if you show the figures of DSA.

Response: Thank you for your kind advice. We added images of angiography as Figure 5. We also added the images during TACE as Figure 5 and detail findings on Page 6, lines 22- 23: "Portography revealed filling defect in S8 and digital subtraction arteriography showed irregular shaped tumor stain."

Comment: 3. Whether the patient had some adverse reaction during the process of taking sorafenib?

Response: Thank you for your important comment. During the process of taking sorafenib, the patient had no adverse reaction. We have added on Page 6, lines 16-17: "During sorafenib treatment, the patient developed no adverse event."

Comment: 4. There is no figure 5 in the submitted manuscript.

Response: We apologize for this simple mistake. We added the figure of DSA as

figure 5 according to your first comment.

Reviewed by 02860814

Comment: One point that should be mentioned in the discussion is the available data in the literature regarding the treatment option in portal vein thrombosis with anticoagulant agents (e.g low molecular weight heparin, warfarin, acenocoumarol. -

Response: Thank you for your advice. Although anticoagulants have been reported to be effective for portal vein thrombosis, evidence is limited concerning PVTT. We have added the discussion on Page 8, lines 17-21: "Anticoagulants (e.g low molecular weight heparin, warfarin and oral anticoagulant) has been reported to be effective for portal vein thrombosis. However, evidence is limited concerning the effect of anticoagulants other than anti-cancer treatment for PVTT:"

Comment: Another point that should be clarified more clearly is about the performance of TACE, considering that prior imaging with CT revealed no tumor. Was an embolization performed despite the absence of the tumor and if so, was any retention of the embolizing agents. Images from the procedure if available would be helpful.

Response: Thank you for kind advice. As shown the figure 4, CT scan revealed the residual PVTT in right portal vein. Furthermore, portography revealed filling defect in S8 and digital subtraction arteriography showed irregular shaped tumor stain. Thus TACE was performed to treat this PVTT. We also added the

image during angiography and TACE as Figure 5, and detail findings on Page 6, lines 22- Page 7, lines 1: "Portography revealed filling defect in S8. Digital subtraction arteriography showed irregular shaped tumor stain. Thus TACE was performed with 30mg of mirpulin, 3mL of lipiodol and gelatin sponge particle (Figure 5)."

Comment: A very recent paper in JHepatol (<http://dx.doi.org/10.1016/j.jhep.2016.05.044>) should be mentioned.

Response: Thank you for your advice. We have added the discussion on 8, lines 14-16:" In the very recent paper, liver resection is associated with prolongation of overall survival of HCC with PVTT"

We hope that will find the revised manuscript to be suitable for publication in World Journal of Gastroenterology.

Sincerely yours,

A handwritten signature in cursive script that reads "Michitoshi Takano".

Michitoshi Takano, MD, Division of Gastroenterological Surgery, Saitama Cancer Center, Kita-adachi gun, Saitama Prefecture 362-0806, Japan.