

Reviewers,

Please find my responses to your suggestions.

Reviewer ID: 00182703

Comment: This analysis is very interesting and useful for clinicians and researchers. The results were obtained by studying an extremely large cohort of hospitalized patients, that they are very important. The statistical analysis is correct, the results and discussions are appropriate. The references are classic and actual. I recommend this article for publication, after correcting some grammatical errors (eg hepatocellular carcinoma, Screening for HCC is consists of...).

Response: I have highlighted corrections to grammatical errors in the manuscript.

Reviewer ID: 00187828

Comment: This is a well-documented and written manuscript with a comprehensive outcome. The disparity in transplantation in gender has been clarified

Response: No changes were made based on this comment.

Reviewer ID: 00182703

Comment: We read with interest the manuscript entitled. "Women Receive More Inpatient Resections and Ablations for Hepatocellular Carcinoma Than Men" by Lindsay Sobotka et al. It is a retrospective study carried out on nationwide registry (NIS) attempting to demonstrate a treatment disparity between men and women. The authors found a significant difference in the rate of resection and ablation in favour of women and concluded that this difference may have a "...profound effect on healthcare costs". However, data presented are not consistent with the conclusions of the study for several reasons the most important of which is that women have a less severe liver disease and, consequently, are more suitable for curative treatments. To overcome this confounding finding, a more appropriate statistical analysis is needed. A Propensity Score analysis would help to better understand this issue. Another point deserving attention is the definition and classification of liver decompensation. The classification employed in the study is not informative. Child-Pugh and MELD are the most used classifications for liver decompensation and are part of almost all treatment algorithms

of International Guidelines for HCC management. Moreover, definition of BCLC early stage, as reported in the test, is not correct. Too many data concerning tumor stage are lacking making any conclusion inconsistent. These limits are inherent to studies based on data extracted from large nationwide registries using ICD-9 code 155.0, hence conclusions should be tempered

Response: Given this is a database analysis, we are unable to determine MELD and Child-Pugh to determine disease severity. This was added to the limitations. The definition of BCLC early stage matches literature cited. We are not able to determine tumor size given this is a database analysis, this was added to the limitations.

Finally, some citations do not have DOI and PMID numbers as these articles are not on PubMed.

Thank you,

Lindsay Sobotka