

Dear Editors and Reviewers:

Thank you for your letter and for the reviewers' comments concerning our manuscript entitled 'Risk factors for the long-term prognosis of hepatocellular carcinoma patients after anatomic hepatectomy'(Manuscript NO: 52698). Those comments are all valuable and very helpful for revising and improving our paper, as well as the guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. Revised portion are marked in red in the paper.

The main corrections in the paper and the responds to the reviewer's comments are as following:

Reviewer 1#

1. Response to comment on the date of patients.

Response: In the abstract, the number 74 has been highlighted instead of 94.

2. Response to comment on the exclusion criteria.

Response: As other numerous studies^[1,2], patients who received preoperative therapeutic procedure were commonly excluded from the trial. We think that preoperative neoadjuvant treatments may influence patients' survival rate and interfere the analysis of other possible factors. When it comes to patients who did not have regular postoperative follow-up, we can't get their prognosis information completely^[3]. In our study, one patient died of circulatory failure 48 hours after surgery. The acute liver failure manifested elevated transaminase, coagulopathy and unstable circulatory status contributed to the death of patient. We consider that liver disease *per se*, comorbidity of the patient, and major liver resection may be the leading factors responsible for the death rather than the intraoperative management.

3. Response to comment on grammar and English of the article.

Response: issues with the grammar and English of the article mentioned

[1] Ruan DY, Lin ZX, Li Y, et al. Poor oncologic outcomes of hepatocellular carcinoma patients with intra-abdominal infection after hepatectomy. *World J Gastroenterol*. 2015, 21(18):5598-606. DOI: 10.3748/wjg.v21.i18.5598.

[2] Yang SL, Liu LP, Sun YF, et al. Distinguished prognosis after hepatectomy of HBV-related hepatocellular carcinoma with or without cirrhosis: a long-term follow-up analysis. *J Gastroenterol* 2016, 51(7):722-32. DOI: 10.1007/s00535-015-1146-0.

[3] Lee CW, Tsai HI, Sung CM, et al. Risk factors for early mortality after hepatectomy for hepatocellular carcinoma. *Medicine (Baltimore)* 2016, 95(39):e5028. DOI: 10.1097/MD.0000000000005028.

have been modified and marked in red in the paper as requested.
Considering the Reviewer's suggestion, we have adjusted our article. Special thanks to you for your good comments.

Reviewer 2#

1. Response to comment on the definition of Estimated blood loss(EBL) and Intraoperative hypotension(IOH):

Response: The definition of Estimated blood loss and Intraoperative hypotension have been described in the material method section.

We have made correction according to the Reviewer's comments. Thank you for your suggestion.

We tried our best to improve the manuscript and made some changes in the manuscript. These changes will not influence the content and framework of the paper. We appreciate for Editors/Reviewers' warm work earnestly, and hope that the correction will meet with approval.

Once again, thank you very much for your comments and suggestion.

Best regards

Ya-Li Tian and Bing-Bing Li

[1] Ruan DY, Lin ZX, Li Y, et al. Poor oncologic outcomes of hepatocellular carcinoma patients with intra-abdominal infection after hepatectomy. *World J Gastroenterol*. 2015, 21(18):5598-606. DOI: 10.3748/wjg.v21.i18.5598.

[2] Yang SL, Liu LP, Sun YF, et al. Distinguished prognosis after hepatectomy of HBV-related hepatocellular carcinoma with or without cirrhosis: a long-term follow-up analysis. *J Gastroenterol* 2016, 51(7):722-32. DOI: 10.1007/s00535-015-1146-0.

[3] Lee CW, Tsai HI, Sung CM, et al. Risk factors for early mortality after hepatectomy for hepatocellular carcinoma. *Medicine (Baltimore)* 2016, 95(39):e5028. DOI: 10.1097/MD.0000000000005028.