

ANSWERING REVIEWERS



November 13, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: manuscript.doc).

Title: Prognostic factors for hepatocellular carcinoma recurrence

Authors: Antonio Colecchia, Ramona Schiumerini, Alessandro Cucchetti, Matteo Cescon, Martina Taddia, Giovanni Marasco, Davide Festi

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 5801

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated

2 Revision has been made according to the suggestions of the reviewer

Reviewer 00070577

We have tried to perform a general overview of an important and wide clinical problem addressed to clinical hepatologist. According to the referee's suggestion we have added a part (pages 16 and 17) dealing with the biological features and in particular with the ck19, which is the most used in human studies .

We agree that serum markers represent important predictors for HCC diagnosis and prognosis, however we have decided, according to the Editor's proposal, to discuss other aspects of HCC recurrence.

Since there are no definitive data regarding the clinical use of biological features, we preferred to discuss this aspect in the text, instead of producing a table.

Reviewer 00069105

We agree with the referee's suggestion and we have added the suggestion in the text (page 11).

Reviewer 00068250

According to the referee's suggestion we have added more information regarding CT scan (pages 18 and 19). Furthermore, according to the referee's suggestion, we have deleted the alpha-fetoprotein in the table 2, since this serum marker , which represents a risk factor also for other invasive procedures, is not discussed in this manuscript, according to the Editor's proposal.

We have corrected the typing and grammatical errors.

Reviewer 000923968

We agree with the referee's suggestion that it is difficult to differentiate between residual tumor and recurrence, and, accordingly, we have modified the text following the available evidence present in the specific literature (page 4).

As far as the classification in non-invasive/ invasive methods is concerned, we agree that the available experience on liver stiffness measurement is only present for recurrence prediction after surgical resection, and consequently, it cannot be generalized to other treatments. We have discussed the role of other non-invasive techniques for predicting HCC recurrence for all the available treatments.

We have corrected the minor criticisms.

Comment to the referee

The paper entitled "Prognostic factors for hepatocellular carcinoma recurrence" by Colecchia et al represents an exhaustive and updated review on a particularly interesting and topical aspect connected with the prognosis and management of HCC. The problem of recurrence has not yet been fully addressed by any international practice guide-line of HCC management although it represents an important challenge in the battle against this dramatic complication of cirrhosis. We agree with the authors that having the possibility to identify those patients at high risk of recurrence may help to better allocate them to different treatments; in other words, to better define the ideal candidate for therapeutic purpose. In addition, predicting the risk of recurrence, is an additional instrument for better refine the whole prognosis in a single patient. The authors covered all the issues dealing with the topic drawing the attention to both invasive and non-invasive methods including the newer ones such as elastography and gene profiling. Although the paper is well structured and easily readable some suggestions need to be addressed: 1- Some paragraphs are too wordy. In our opinion, the whole paper should be substantially shortened. In particular, historical and technical aspects well as comparative data on efficacy of different treatment could be removed without compromising the whole value of the paper. 2- It is very difficult to understand why the authors decided to postpone discussion on surgical procedures (OLT and resection) to locoregional ones. It should be better to follow the schedule adopted in almost all the guide-lines on HCC management where surgical procedure come first. 3-Although English language is fairly good, there are several typing errors. An accurate editing is recommended 4- References should be carefully checked to eliminate some errors

- 1- According to the referee's suggestion we have shortened the manuscript (the delayed parts are underlined).
- 2- According to the referee's suggestion we have postponed the local treatments after the surgical treatment
- 3- We have corrected the typing errors and carefully checked the references

3 References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Gastroenterology*.

Sincerely yours,

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