

## ANSWERING REVIEWERS



**Title:** Transplant benefit for patients with hepatocellular carcinoma

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### REVIEWER 1

As you wrote, the decision of DDLT or LDLT is so difficult. Donor shortage is a critical matter in the world. However, LDLT and DDLT should be distinct, even if LT is therapeutically an ideal for HCC patients. In the living-donor for LDLT, a donor safety should be guaranteed. In some case, insufficient liver volume can not be avoided, in cases of partial grafts in LDLT with donor safety or DDLT with split liver graft. A small-for-size graft easily causes perioperative complications and results in poor outcomes. Also, a concept of death is different in each country, and DDLT still not spread in some countries. These points should be more enhanced in Discussion section, even if your model has an advantage for both DDLT and LDLT.

We added the suggested points in the last paragraph of the paper.

### REVIEWER 2

Religiosity or cultural aspects are barriers to DDLT and could be discuted better in the discussion

We added the suggested points in the last paragraph of the paper.

### REVIEWER 3

The authors reviewed articles concerning liver transplantation for patients with hepatocellular carcinoma, particularly focusing on allocation of organs in terms of the specificity of this disease. The authors also propose a model for deciding between decreased donor liver transplantation, living donor liver transplantation, or alternative therapies. This is an interesting manuscript comprehensively overviewing the current situation of liver transplantation for patients with hepatocellular carcinoma. I

agree with the authors' opinion that patients with hepatocellular carcinoma should be treated as a separate population for liver transplantation from the viewpoint of prognostic heterogeneity and effectiveness of alternative therapies for hepatocellular carcinoma. The manuscript is well written, and I enjoyed reading it. I do not have any critical comments. Minor points: 1. Abbreviations should be fully spelled at their first appearance throughout the text. In the abstract, I would recommend using only essential abbreviations. Particularly, "LT", "DDLT", and "LDLT" in the abstract should be explained. Similarly, "(WL)" should be deleted. 2. On page 5, line 8. "principlesof" would be "principles of". 3. The message that the authors mean to convey should be described in the legends for Figures 1 and 2. 4. Prognostic heterogeneity of hepatocellular carcinoma makes it difficult to determine the allocation of donor organs. This issue is also applied to other diseases. I would recommend incorporating the situation of diseases other than hepatocellular carcinoma from the standpoint of readership. For example, neuropathy and cardiomyopathy may progress even after liver transplantation in elderly patients with familial amyloid polyneuropathy (Muscle Nerve 2012; 46: 964-70).

We performed the corrections suggested.

Sincerely yours,

Alessandro Vitale,

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