

December 20, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 6188-edited.doc).

Title: Transarterial chemoembolization and bland embolization for hepatocellular carcinoma

Authors: E Tsochatzis, E Fatourou, J O'Beirne, T Meyer, AK Burroughs

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 6188

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 1.

Main point: **Though this is a long review, the mechanism of TACE and TAE is not described**

in detail enough.

We have now included more information on this as the reviewer suggested.

Minor points: 1. Some abbreviations did not used in a nice way. For example, the words “hepatocellular carcinoma” and “transarterial chemoembolization” appear more than one time.

We have corrected this as suggested.

2. In the part of “patient selection and survival”, I recommend one reference (PMID:24096763). This study found hepatic resection associated with good survival than TACE for patients with intermediate and advanced-stage HCC. Namely, TACE may be not a suitable therapy some HCC patients.

We have included this reference as suggested in the part of the manuscript where we discuss the fact that intermediate HCC includes a heterogeneous group of patients with variable prognosis.

3. Reference 38 is not a meta-analysis. Please check.

Although the study by Meyer et al is a randomized controlled trial, it does also include a meta-analysis of all published trials of TACE vs. TAE.

4. After references 47 and 48, authors stated “a recent meta-analysis including ...”. However, no reference was written.

We would like to thank the reviewer for spotting this. We have now added the missing reference.

Reviewer 2

One of the interesting points is that no difference is found between TAE and TACE. As the author describes, chemotherapeutic agents does not seem to improve outcome. As a clinician's point of view, the conclusion is agreeable based on experience. If the authors have any speculation to this conclusion, it would be intriguing.

We have now added potential speculations as suggested.

Combination therapy of TA(C)E and local ablation (RFA, PEI) seems lacking. Readers are curious about the comparison of outcome between TA(C)E only and combination of TA(C)E and local ablation.

We have added a paragraph on existing evidence as suggested.

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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