

Format for ANSWERING REVIEWERS

August 24, 2021



Dear Editors,

On behalf of all the authors, I would like to thank you for your consideration of this paper. In the revised manuscript you will find the changes that we made in response to the Reviewers. In this response to reviewer letter we also indicated how we have dealt with the Reviewers' comments.

Please find enclosed the edited manuscript in Word format.

Name of Journal: *World Journal of Gastrointestinal Surgery*

Manuscript Type: RETROSPECTIVE STUDY

Liver resection versus radiofrequency ablation in single hepatocellular carcinoma (≤ 30 mm) of posterosuperior segments in elderly patients: a multicentric propensity score analysis

Antonella Delvecchio, Riccardo Inchingolo, Rita Laforgia, Francesca Ratti, Maximiliano Gelli, Ferdinando

Massimiliano Anelli, Alexis Laurent, Giulio Cesare Vitali, Paolo Magistri, Giacomo Assirati, Emanuele Felli, Taiga

Wakabayashi, Patrick Pessaux, Tullio Piardi, Fabrizio Di Benedetto, Nicola de'Angelis, Javier Briceño-Delgado,

Antonio Rampoldi, Rene Adam, Daniel Cherqui, Luca Aldrighetti, Riccardo Memeo

Invited Manuscript ID: 03358964

Manuscript NO: 69907

The manuscript has been improved according to the suggestions of reviewer and Editorial Office's

- Reviewer 1:

Scientific Quality: Grade B (Very good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: General comment: the authors compared clinical outcomes (OS, DFS, Cx, etc) of RFA and LR in elderly patients with difficult location to treat (4a, 7, 8 segment). They used PSM to reduce any selection bias caused by nonrandomized retrospective study design. The results were similar between the two groups, however RFA had more advantages (reduced hospital stay etc) than LR in this specific patient cohort. Overall, this manuscript was very well written with excellent logic. I have minor comments about statistical issue. 1. The median OS b-PSM was 24.9 months and 24.5 months in the RFA and LR groups, respectively. The median OS a-PSM was 26.5 months and 25.9 months in the RFA and LR groups, respectively. However, when I looked at the KM graph, survival graphs of both

groups were still above 50% until the end of F/U (60 months). Thus, median OS may not be calculated in this study, but can be expected to be longer than 60 months. 2. Also, median DFS b-PSM/a-PSM in both groups seemed to be longer than the values that the authors stated. Please check again, or consult a statistician if required.

ANSWER 1-2:

The statistics was inexact because the median of OS and DFS was calculated for the entire enrollment period (10 years), instead the survival curves were calculated at 5 years. We therefore decided to remove the survival medians value from the results.

- Science editor:

In this multicenter retrospective study, the authors compared postoperative outcomes between liver resection and radiofrequency ablation in the elderly with single hepatocellular carcinoma located in posterosuperior segments. Although a significant difference was not found in terms of OS and DFS between these techniques, postoperative complications were more frequent in the resection group, and the median of hospital stay was significantly longer than that of the radiofrequency ablation group. Thus, data suggest that radiofrequency ablation is safe and feasible for the elderly with single hepatocellular carcinoma in posterosuperior segments. Following revisions are commended: 1. Conflict-of-Interest Disclosure Form and Copyright License Agreement should be added. 2. The figures should be prepared and arranged using PowerPoint to ensure that the editor can reprocess all graphs, arrows, or text portions. 3. All questions raised by the reviewer should be answered

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade A (Excellent)

ANSWER 1: we have added Conflict-of-Interest Disclosure Form and Copyright License Agreement

ANSWER 2: we have prepared figures using Power Point

ANSWER 3: we have replied to the reviewer

Finally, we wish to thank the Editors and the Reviewer for their comments that helped us to increase the value of our paper.

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

Sincerely yours,

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