

November 23th, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13406-Review.doc).

Title: Post-transplantation hepatocellular carcinoma recurrence: patterns and relation between vascularity and differentiation degree

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

1 Format has been updated, in particular statements about ethics, biostatistics, conflict-of-interest, and data sharing have been added. As already stated in the cover letter of the first submission, since the study was retrospective, it was not considered necessary to ask for ethics committee's formal approval, however our study follows the principles of the declaration of Helsinki (further explanation are to be found in the letter from our Head of the Department which we sent you via e-mail). Moreover, some figure legends have been reformatted in order to clearly express the technical source of imaging figures and the characteristics of pathological images.

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

(1) Reviewer 00502871 - No revision suggested

(2) Reviewer 02860745 - The conclusion regarding the relation between imaging and histopathological variability from the primary to the recurred HCC has been changed both in the abstract and in the main text as it was judged too strong considering that 3 patients only experienced a variation.

(3) Reviewer 02438890

- In the results section we clarified the reason why, on a total of 163 included patients, only 125 had evidence of viable tumor in the explanted liver, by adding the statement "Of these 163 patients, 125 patients had evidence of viable tumor in the explanted liver, while the remaining 38 patients had completely necrotic nodules as a result of pre-transplantation loco-regional therapies performed after imaging examinations."

- In the materials and methods section it was written that patients had imaging evaluation at least 3 months before transplantation, and in the following paragraph that we reviewed all available imaging examinations performed within 6 months prior to LT. These two statements are not in contradiction, since all patients had CT or MR within 3 months before LT but frequently we examined also examinations performed some months before (but within 6 months), for example when no viable tumor was assessable in the last imaging examination prior to LT due to chemoembolization. However, since these two statements may be confusing for the reader, we erased the first sentence since in this setting having undergone imaging examination within 3 months was not an important inclusion criteria. Moreover we added that during the revision we selected those examinations with evidence of viable tumor, and thus where vascularity was assessable.

- In table 3, the p value expresses a statistically significant difference in the distribution of hypovascular and hypervascular tumors among different groups of histopathological grade.

- Numbers beginning a sentence have been spelled. When these numbers were greater

than ninety-nine, the sentences were rewritten.

- The discussion section has been largely revised and some paragraphs which were not essential in reaching clear conclusions have been removed.

3 References and typesetting were corrected

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

Sincerely yours,

Annarita Pecchi, MD

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