

ANSWERING REVIEWERS



December 7, 2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 14524-review.doc).

Title: Adjuvant transarterial chemoembolization after curative resection of hepatocellular carcinoma: a propensity score analysis

Author: Jing-Hang Jiang, Zhe Guo, Hao-Feng Lu, Xiao-Bo Wang, Hao-Jie Yang, Fu-Quan Yang, Si-Yang

Bao, Jian-Hong Zhong, Le-Qun Li, Ri-Rong Yang, Bang-De Xiang

Name of Journal: *World Journal of Gastroenterology*

ESPS Manuscript NO: 14524

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

(1) Reviewer 2936403

Comment: 1. Please explain what is the difference between the studies which indicate the adjuvant TACE as an effective way for the prevention of HCC recurrence and yours.

Response: Adjuvant TACE is more appropriate for HCC patients with such risk factors for recurrence, such as vascular invasion, satellite nodules, distant and lymphovascular metastasis, in other studies. However the HCC patients who were selected do not have the risk factors in our research.

Comment: 2. The writing of this manuscript should be re-checked again.

Response: We have now revised the manuscript carefully.

(2) Reviewer 742516

Comment: 1. TACE patients had significantly higher levels of serum albumin, and higher rates of liver cirrhosis. Can you explain the reason for that?

Response: Because this article is a retrospective analysis, All statistical were collected if patients were satisfied the criteria. TACE patients had significantly higher levels of serum albumin ($P = 0.042$) and higher rates of liver cirrhosis ($P = 0.033$) and completely encapsulated tumors ($P = 0.004$). On the other hand, the control group showed significantly higher rates of body mass index $<23 \text{ kg/m}^2$ ($P = 0.003$) and major resection, as well as significantly longer mean prothrombin time ($P = 0.010$). There may be substantial risk that observed differences in survival or recurrence between our groups are due at least in part to baseline differences. To minimize such confounding and isolate the effects of adjuvant TACE,

we used propensity score matching to balance these baseline differences and thereby simulate random group allocation.

Comment: 2. How is your fellow-up withdraw and/or the fellow-up lost rate in this study?

Response: 1,035 patients with HCC were enrolled in our hospital. Of these, 432 (41.7 %) were excluded because they had received initial HCC treatment at other centers. Among the remaining 603 patients, 257 (42.6 %) were excluded because they were given various post-resection neoadjuvant and adjuvant therapies, such as local ablation therapy or ethanol injection, systematic chemotherapy or sorafenib therapy. Another 8 patients (1.3%) were excluded because they had been diagnosed with other malignancy before receiving initial HCC treatment. The remaining 229 (67.8%) patients with Child-Pugh A liver function were included analysis in this retrospective study. Of these patients, 138 (60.3%) underwent curative resection and 91 (39.7%) underwent resection followed by postoperative adjuvant TACE.

(3) Reviewer 2444959

Comment: The present manuscript deals with a very interesting topic: efficacy of TACE in preventing the recurrence of HCC. The authors conclude that TACE did not improve survival or reduce recurrence; however, it could be mentioned that TACE did not modify (neither improve nor worsen) survival. Please, state this clearly.

Response: Our results were obtained with a cohort of HCC patients who were selected on purpose to lack numerous complications known to increase risk of postoperative recurrence and reduce overall survival, such as vascular invasion, satellite nodules, distant and lymphovascular metastasis, and positive resection margin.

TACE patients showed higher levels of albumin, liver cirrhosis and encapsulated tumors. Could these be related to the intervention? Similarly, control group presented major resection and longer mean PT. Do the authors have an explanation?

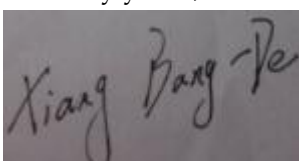
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(4) Reviewer 187828

3 References and typesetting were corrected

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

Sincerely yours,

A handwritten signature in black ink, reading "Xiang Bang-De". The signature is written in a cursive, flowing style.

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